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DEVON COUNTY COUNCIL

(MEDICAL DEPARTMENT)



ANNUAL REPORT

OF THE

County Medical Officer

FOR THE YEAR

1954

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(MEDICAL DEPARTMENT)



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MEDICAL DEPARTMENT,
 IVYBANK,
 45, ST. DAVID'S HILL,
 EXETER.
 May, 1955.

To the Chairman, Aldermen and
 Members of the Devon County Council.

MR. CHAIRMAN, MY LORDS,
 LADIES AND GENTLEMEN,

I have the honour to present my Twenty-Sixth Annual Report upon the Public Health of the Administrative County of Devon.

The following statistics, which have been prepared for 1954 show that the Infantile Mortality, Maternal Death Rate and the Tuberculosis Death Rate have again fallen. It will be noted that once again the Infantile Mortality Rate is the lowest ever recorded in the County.

	1954	1953	1952	1951
Birth Rate	13.1	13.4	13.6	13.5
Death Rate (all causes) ..	14.2	14.2	13.6	15.6
Maternal Death Rate ..	0.59	0.88	1.02	0.88
Infantile Mortality ..	25.5	25.6	25.9	27.9
Tuberculosis Death Rate	0.15	0.18	0.21	0.29
Cancer Death Rate ..	2.4	2.3	2.3	2.2

I am indebted to Dr. R. L. Midgley, Senior Chest Consultant to the Exeter Clinical Area, for the memorandum on the progress of the Tuberculosis control in the Administrative County of Devon from 1938 to 1954, which appears later in this Report.

In June of this year the distribution of Welfare Foods, such as National Dried Milk, Cod Liver Oil, Orange Juice and A. & D. Vitamin Tablets, which was previously carried out by the Ministry of Food, was taken over by the Ministry of Health and the duties delegated to the Local Health Authorities. At the onset there was considerable difficulty in formulating a scheme as there had not been any provision in the estimates and I was required to set it up at the lowest possible cost and in a very limited time. With the kind co-operation of District Councils and of the other Departments of the County Council the scheme came into operation with little or no

inconvenience to the general public. I should like to express my appreciation to the Women's Voluntary Service and also the other voluntary distributors, without whose assistance this could not have been achieved. The magnitude of the task of the voluntary helpers can be judged by the fact that, at the present moment, W.V.S. personnel are manning 43 large distribution centres and in addition there are 282 voluntary distributors who distribute foods from their own private and business premises.

As in previous years I would like to reiterate that the slogan "Diphtheria is Deadly" is still true, and that every endeavour should be made to persuade mothers to bring their children forward for immunisation.

As this will be my last Report before my retirement I take this opportunity of expressing my appreciation of the support given to me by Members of the County Council and Committees and of the loyal co-operation and work of all members of my staff, whilst I have been your County Medical Officer during the past 26 years.

I have the honour to be,

Your obedient Servant,

L. MEREDITH DAVIES,

County Medical Officer.

COMMITTEES

The County Council, as Local Health Authority, established a Health Committee in accordance with the requirements of the National Health Service Act, 1946. The Health Committee, in turn, established the following Sub-Committees:—

1. Ambulance Sub-Committee.
2. Appointments and General Purposes Sub-Committee.
3. Mental Health Sub-Committee.
4. Nursing Sub-Committee.

The County Council have also set up a Water and Housing Committee which deals with duties under the Food and Drugs Act, 1938, the Milk and Dairies Regulations, 1949 and Water Supply, Sewerage and Sewage Disposal Schemes.

Health Committee

Chairman of the Council (ex-officio).

Vice-Chairman of the Council (ex-officio).

Mrs. Abraham	Mr. Linscott	Rev. H. S. H. Read
Mr. R. H. Baker	Mr. Makeig-Jones	Mrs. Symons
Mr. Graves	Mr. Parsons	Rev. T. W. Timms
Mr. Hancocke	Mr. Pedlar	Mr. Underhill
Mr. Hedges	Mrs. Perkins	Mr. Upton
Mr. Hollow	Mr. A. D. Phillips	Col. Ward
Mr. Lee	Mrs. J. M. Phillips (<i>Chairman</i>)	

Additional Members (8)

Nominated by the following Bodies

Devon Branch, St. John Ambulance Association—Col. H. C. E. Routh.

Devon Local Dental Association—Mr. W. E. Woolcott

Devon Local Medical Committee—Dr. R. M. S. McConaghey
Dr. R. G. Michelmores

Devon Nursing Association—Mrs. A. Makeig-Jones

Devon Pharmaceutical Committee—Mr. H. Holmes

Executive Council for Devon and Exeter—Mr. A. H. Roberts

Water and Housing Committee

Chairman of the Council (ex-officio).

Vice-Chairman of the Council (ex-officio)

Major Allhusen	Mr. Fishleigh	Mr. Prowse
(<i>Chairman</i>)	Mr. Glanville	Mr. Richards
Mr. R. H. Baker	Mr. Lake	Mr. Spanton
Mr. Carter	Mr. R. Lawrence	Dr. Vanstone
Mr. F. U. Crook	Mr. Makeig-Jones	Mr. Voysey
Mr. Currey		Mr. Webber

Additional Members (2)

Mr. D. C. Philip

Mr. R. R. Willing

STAFF OF THE MEDICAL DEPARTMENT.

County Medical Officer.

L. Meredith Davies, M.A., M.D., B.Ch. (Oxon.), D.P.H. (Oxon.),
M.R.C.S. (Eng.), L.R.C.P. (Lond.).

Deputy County Medical Officer.

W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H., B.Sc., L.M.

Senior Assistant Medical Officer for Maternity and Child Welfare.

F. Gloria Richards, M.R.C.S., L.R.C.P., D.(Obst.) R.C.O.G.
Duties:—Under the direction of the County Medical Officer to supervise and administer the Council's functions under Sections 22, 23, 24, 25 and 29 of the National Health Service Act, 1946 and all other duties in connection with Maternity and Child Welfare, the registration of Nursing Homes in accordance with the Public Health Act, 1936 and the Nurseries and Child-minders Regulation Act, 1948. Duties are also carried out as Medical Supervisor of Midwives.

Assistant County Medical Officers.

(MIXED APPOINTMENTS)

Newton Abbot—H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H.

Paignton—D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H. (from
17.5.54)

St. Thomas—L. G. Anderson, M.D., Ch.B., D.P.H.

Assistant County Medical Officers.

Barnstaple—H. R. Vernon, T.D., M.B., Ch.B.

Bideford/Holsworthy—T. J. Davidson, M.B., Ch.B., D.P.H.,
D.T.M. & H.

Brixham—M. H. King, M.B., Ch.B., D.P.H.

Bovey Tracey—N. E. R. Archer, M.A., D.M., B.Ch., D.P.H.

Crediton/Okehampton—M. S. O'Riordan, B.A., M.B., B.Ch., B.A.O.
(Res'd 31.12.54)

Exeter—G. H. Walker, M.B., Ch.B., D.P.H.

Honiton—D. M. Green, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Kingsbridge—J. S.[†] Rogers, L.R.C.P., M.R.C.S.

Tavistock—M. E. Budding, B.Sc., M.B., B.Ch., D.P.H.

Tiverton—N. Proctor-Sims, M.R.C.S., L.R.C.P., M.R.C.O.G.

Torquay—L. Solomon, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.,
D.C.H.

Temporary—J. R. Ludlow, M.B., B.S., F.R.C.S. (Part-time).

Chest Physicians.

G. E. Adkins, M.B., B.Chir. (Cantab.)
 W. E. B. Lloyd, M.R.C.S., L.R.C.P., D.P.H.
 A. J. McMillan, M.R.C.S., (Eng.), L.R.C.P. (Lond.)
 J. C. Mellor, M.B., B.Ch.

The Chest Physicians are on the staff of the Regional Hospital Board, but a portion of their time is devoted to prevention, care and after-care, which remain the responsibility of the County Health Committee.

Senior County Dental Officer.

J. Fletcher, L.D.S.

County Dental Officers.

Barnstaple Urban—W. H. Phillips, L.D.S.
Barnstaple Rural—H. W. Gibbs, L.D.S., R.C.S.
Bideford—F. M. Warren, B.D.S., L.D.S., R.C.S.
Crediton—B. J. Shapland, L.D.S.
Exeter Rural—J. L. Dickson, L.D.S., R.F.P.S.
Exmouth—B. M. Simpson, L.D.S., R.C.S. (appt. 1.3.54)
Holsworthy—Vacancy
Kingsbridge—J. K. Vowles, B.D.S.
Newton Abbot Urban—J. M. Steer, L.D.S., R.C.S.
Newton Abbot Rural—J. E. B. Smith, L.D.S.
Okehampton—G. Baker, L.D.S., R.C.S. (appt. 4.10.54)
Paignton—D. R. House, M.R.C.S., L.R.C.P., L.D.S. (died 11.12.54)
Plympton—A. S. Peacock, L.D.S., D.D.O., (also part-time Orthodontist).
Sidmouth—K. W. Massey, L.D.S.
Tavistock—A. T. Dally, L.D.S.
Tiverton—W. R. Matthews, L.D.S., R.C.S. (part-time to 16.6.54)
 H. J. Halestrap, L.D.S., R.C.S. (appt. 21.6.54)
Torquay—J. A. Pugh, L.D.S. (part-time).
 G. C. Derbyshire, L.D.S.
 J. Pollock, L.D.S., R.F.P.S.
Totnes—T. L. Fiddick, L.D.S. (temp. part-time)

Chief Clerk.

H. T. Baldwyn.

County Sanitary Officer.

M. S. Powling, C.R.S.I., M.S.I.A.

County Analyst (Part-time).

T. Tickle (Exeter) B.Sc., F.I.C.

County Ambulance Officer.

C. H. Congdon.

County Superintendent of Nursing and Supervisor of Midwives.

Miss L. Reynolds, S.R.N., S.C.M., H.V.

Deputy County Superintendent of Nursing and Supervisor of Midwives.

Miss M. Dawson, S.R.N., S.C.M., H.V. (Res'd 31.12.54)

Assistant Superintendent of Nursing and Supervisor of Midwives.

Miss E. M. Teague, S.R.N., S.C.M., H.V.

Miss G. M. Spear, S.R.N., S.C.M., M.T.D.

Mental Health Section.

Particulars of the Staff of the Mental Health Section can be found later in the report.

Home Help Organiser.

G. P. Brooks, D.P.A., D.S.A.

Head Occupational Therapist.

Miss M. M. Keily, M.A.O.T.

Assistant Occupational Therapists.

Miss E. J. Giblin, M.A.O.T.

Miss P. K. Tenney, M.A.O.T. (appt. 12.7.54)

Health Visiting Staff.

NAME	QUALIFICATIONS.	AREA.
Andrews, Miss	S.R.N., S.C.M., H.V.C.	Torquay
Axford, Miss	S.R.N., S.C.M., H.V.C.	Buckfastleigh
Aylmer, Miss	S.R.N., S.C.M., H.V.C.	Braunton
Ballard, Miss	S.R.N., S.C.M., H.V.C.	Holsworthy (E)
		Budleigh
		Salterton
Cadogan, Miss	S.R.N., S.C.M., H.V.C.	Holwsorthy (W)
Carr, Miss	S.R.N., S.C.M., H.V.C.	Braunton
Clark, Miss J.	S.R.N., S.C.M., H.V.C.	Holsworthy
		Braunton
Clarke, Miss M.	S.R.N., S.C.M., H.V.C.	Honiton
Downey, Miss	S.R.N., S.C.M., H.V.C.	Torquay
Edwards, Miss	S.R.N., S.C.M., H.V.C.	Barnstaple
		Rural
Farley, Miss	S.R.N., S.C.M., H.V.C.	Fremington
Faulkner, Miss	S.R.N., S.C.M., H.V.C.	Ottery St. Mary
Forbes, Miss	S.R.N., S.C.M., H.V.C.	Paignton
Gallagher, Miss	S.R.N., S.C.M., H.V.C.	Torquay
Gibbons, Miss	S.R.N., S.C.M., H.V.C.	Hatherleigh
Gilbert, Miss	S.R.N., S.C.M., H.V.C.	Brixham
Godfrey, Mrs.	S.R.N., S.C.M., H.V.C.	Exmouth
Greenwood, Miss	S.R.N., S.C.M., H.V.C.	Plympton (S.E.)
Hall, Miss	S.R.N., S.C.M., H.V.C.	Ashburton
Harmsworth, Miss	S.R.N., S.C.M., H.V.C.	Bideford
Harris, Miss	S.R.N., S.C.M., H.V.C.	Crediton
Harry, Miss	S.R.N., S.C.M., H.V.C.	Torrington
Hartigan, Miss	S.R.N., S.C.M., H.V.C.	Dartmouth
Hensel, Miss	S.R.N., S.C.M., H.V.C.	Broadclyst
Holroyd, Miss	S.R.N., S.C.M., H.V.C.	Ottery St. Mary
Honeywell, Miss	S.R.N., S.C.M., H.V.C.	Newton Abbot
Jackson, Miss	S.R.N., S.C.M., H.V.C.	Tiverton R.
Leathley, Miss	S.R.N., S.C.M., H.V.C.	Barnstaple
Mason, Miss	S.R.N., S.C.M., H.V.C.	Plymstock
Morris, Miss	S.R.N., S.C.M., H.V.C.	St. Thomas R.
		(W)
Mullally, Miss	S.R.N., S.C.M., H.V.C.	Holsworthy (E)
Pester, Miss	S.R.N., S.C.M., H.V.C.	Cullompton
Pulsford, Miss	S.R.N., S.C.M., H.V.C.	Bideford
Ralls, Mrs.	S.R.N., S.C.M., H.V.C.	South Molton
Read, Miss	S.R.N., S.C.M., H.V.C.	St. Thomas R.
		(E)
Rennie, Miss	S.R.N., S.C.M., H.V.C.	Plympton
		(N.W.)
Rogers, Mrs.	S.R.N., S.C.M.	Axminster
Ryall, Miss	S.R.N., S.C.M., H.V.C.	Okehampton
Sercombe, Miss	S.R.N., S.C.M., H.V.C.	Salcombe
Simpson, Miss	S.R.N., S.C.M., H.V.C.	Teignmouth
Smith, Miss	S.R.N., S.C.M., H.V.C.	Newton Abbot
Sparks, Mrs.	S.R.N., S.C.M., H.V.C.	Tiverton
Stone, Miss	S.R.N., S.C.M., H.V.C.	Tavistock
Sullivan, Miss	S.R.N., S.C.M., H.V.C.	Ilfracombe
Thain, Miss	S.R.N., S.C.M., H.V.C.	Preston
Travis, Mrs.	S.R.N., S.C.M., H.V.C.	Kingsbridge
Wallace, Miss	S.R.N., S.C.M., H.V.C.	Torquay
Walters, Miss M.	S.R.N., S.C.M.	Chudleigh
Walters, Miss O.	S.R.N., S.C.M., H.V.C.	Totnes
Willis, Mrs.	S.R.N., S.C.M., H.V.C.	Torquay

MEDICAL OFFICERS OF HEALTH.

Borough and Urban Districts.

1. Ashburton .. R. Bellamy, M.B., B.Chir., M.R.C.S., L.R.C.P., Hillcrest, Ashburton.
2. *Barnstaple .. F. J. H. Martin, M.R.C.S., L.R.C.P., D.P.H., The Castle, Barnstaple.
3. *Bideford .. E. Pearson, F.R.C.S., L.R.C.P., Strand House, Bideford. (died Oct. 1954).
4. Brixham .. D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H., Public Health Depot., Town Hall, Brixham. (from 17.5.54.)
5. Buckfastleigh .. E. C. Ironside, M.A., M.B., Ch.B., Redmount, Buckfastleigh.
6. Budleigh Salterton L. G. Anderson, M.D., M.B., Ch.B., D.P.H., Council Offices, Exmouth.
7. Crediton .. N. F. Sawers, M.B., Ch.B., U.D.C. Offices, Crediton.
8. *Dartmouth .. D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H., Municipal Offices, Oldway, Paignton. (from 17.5.54.)
9. Dawlish .. H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H., Rural District Council Offices, Newton Abbot.
10. Exmouth .. L. G. Anderson, M.D., M.B., Ch.B., D.P.H., Council Offices, Exmouth.
11. Holsworthy .. S. Craddock, M.B., B.S., M.R.C.S., L.R.C.P., Council Offices, Holsworthy.
12. *Honiton .. D. Steele-Perkins, L.R.C.P., L.R.C.S., L.R.F.P.S., Perhams, Langford Road, Honiton.
13. Ilfracombe .. W. B. Boone, M.A., B.M., B.Ch., M.R.C.S., L.R.C.P., Town Hall, Wilder Road, Ilfracombe.
14. Kingsbridge .. W. C. Smales, D.S.O., O.B.E., M.R.C.S., L.R.C.P., D.P.H., The Manor House, Kingsbridge.
15. Lynton .. M. P. Nightingale, M.R.C.S., L.R.C.P., Kneesworth, Lynton.
16. Newton Abbot .. H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H., Rural District Council Offices, Newton Abbot.
17. Northam .. C. J. Carey, M.R.C.S., L.R.C.P., Lenards Cottage, Lenards Road, Northam.

Borough and Urban Districts—*cont.*

18. *Okehampton .. E. D. Allen-Price, M.D., M.B., Ch.B., D.P.H.,
Council Offices, Okehampton.
19. Ottery St. Mary.. F. N. Sidebotham, M.D., B.Ch., M.R.C.S.,
L.R.C.P., Town Hall, Ottery St. Mary. (died
10.5.54.)
R. R. Trail, M.A., M.B., B.Ch., M.R.C.S.,
L.R.C.P., Town Hall, Ottery St. Mary. (from
11.5.54.)
20. Paignton .. D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H.,
Municipal Offices, Oldway, Paignton. (from
17.5.54.)
21. Salcombe .. W. C. Smales, D.S.O., O.B.E., M.R.C.S., L.R.C.P.,
D.P.H., Council Offices, Plympton.
22. Seaton .. D. Steele-Perkins, L.R.C.P., L.R.C.S., L.R.F.P.S.,
Perhams, Langford Road, Honiton.
23. Sidmouth .. E. L. Perry, D.S.O., M.R.C.S., L.R.C.P., Council
Offices, Sidmouth.
24. *South Molton .. F. J. H. Martin, M.R.C.S., L.R.C.P., D.P.H.,
Council Offices, South Molton.
25. Tavistock .. E. D. Allen-Price, M.D., M.B., Ch.B., D.P.H.,
Drake Road, Tavistock.
26. Teignmouth .. H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H.,
Rural District Council Offices, Newton Abbot.
27. *Tiverton .. G. Nicholson, M.D., D.P.H., F.R.C.S., 11, St.
Peter Street, Tiverton.
29. *Torquay .. J. V. A. Simpson, M.D., M.B., B.S., M.R.C.S.,
L.R.C.P., D.P.H., Town Hall, Torquay.
28. *Gt. Torrington .. C. F. R. Briggs, M.B., B.S., M.R.C.S., L.R.C.P.,
Glen Tor, Torrington.
30. *Totnes .. Elizabeth Davies, M.B., Ch.B., M.R.C.S., L.R.C.P.,
D.P.H., The Manor House, Totnes.

* Borough.

Rural Districts.

1. Axminster .. D. Steele-Perkins, L.R.C.P., L.R.C.S., L.R.F.P.S.,
Perhams, Langford Road, Honiton.
2. Barnstaple .. F. J. H. Martin, M.R.C.S., L.R.C.P., D.P.H., The
Red House, Castle Street, Barnstaple.
3. Bideford .. N. B. Betts, M.B., B.Chir., F.R.C.S., M.R.C.S.,
L.R.C.P., Cleverdon House, Bradworthy.

Rural Districts—cont.

- | | | |
|-----|-------------------|--|
| 4. | Broadwoodwidge | E. D. Allen-Price, M.D., M.B., Ch.B., D.P.H.,
Drake Road, Tavistock. |
| 5. | Crediton .. | L. N. Jackson, D.M., B.A., M.B., B.Ch.,
R.D.C. Offices, Crediton. |
| 6. | Holsworthy .. | C. W. Evans, M.R.C.S., L.R.C.P.,
R.D.C. Offices, Holsworthy. |
| 7. | Honiton .. | D. Steele-Perkins, L.R.C.P., L.R.C.S., L.R.F.P.S.,
Perhams, Langford Road, Honiton. |
| 8. | Kingsbridge .. | W. C. Smales, D.S.O., O.B.E., M.R.C.S., L.R.C.P.,
D.P.H., The Manor House, Kingsbridge. |
| 9. | Newton Abbot .. | H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H.,
R.D.C. Offices, Newton Abbot. |
| 10. | Okehampton .. | E. D. Allen Price, M.D., M.B., Ch.B., D.P.H.,
Council Offices, Okehampton. |
| 11. | Plympton St. Mary | W. C. Smales, D.S.O., O.B.E., M.R.C.S., L.R.C.P.,
D.P.H., Council Offices, Plympton. |
| 12. | South Molton .. | F. J. H. Martin, M.R.C.S., L.R.C.P., D.P.H.,
R.D.C. Offices, South Molton. |
| 13. | St. Thomas .. | L. G. Anderson, M.D., M.B., Ch.B., D.P.H.,
26, Southernhay East, Exeter. |
| 14. | Tavistock .. | E. D. Allen-Price, M.D., M.B., Ch.B., D.P.H.,
Drake Road, Tavistock. |
| 15. | Tiverton .. | G. Nicholson, M.D., D.P.H., F.R.C.S., 11, St.
Peter Street, Tiverton. |
| 16. | Torrington .. | E. H. Walker, M.R.C.S., L.R.C.P., M.B., B.S.,
Hillside, Torrington. |
| 17. | Totnes .. | S. C. Jellicoe, M.R.C.S., L.R.C.P., R.D.C. Offices,
Higher Plymouth Road, Totnes. |

GENERAL STATISTICS

Area.

The area of the Administrative County is 1,649,207 acres. It is divided into 30 Urban Districts and 17 Rural Districts.

Population.

The Registrar-General's estimated mid-year population is 510,000 (including members of armed forces stationed in area).

Rateable Value: £3,711,866 (at 1.4.54).

A penny rate is expected to produce £15,029 (estimated 1.4.54).

VITAL STATISTICS

Live Births: 6,672.

Legitimate --- total:	6,412;	males 3,276,	females 3,136
Illegitimate --- total:	260;	males 132,	females 128

Stillbirths: 146.

Birth Rate: 13.08 (14.91 Corrected), compared with a birth rate of 15.2 for England and Wales.

Deaths. Total: 7,234; males 3,521, females 3,713.

Death Rate: 14.18 (10.49 Corrected), compared with a death rate of 11.3 for England and Wales.

Infantile Mortality.

The number of deaths under one year amounted to 170 (101 males and 69 females). Of this number 6 were illegitimate.

The number of deaths under 4 weeks amounted to 112 (66 males and 46 females). Of this number 6 were illegitimate.

Infantile Mortality Rate: 25.48, compared with 25.5 for England and Wales.

Maternal Mortality.

Four deaths occurred as a result of child birth, giving a rate of 0.59 per 1,000 live births compared with 0.69 for England and Wales.

TABLES dealing with the various Statistics will be found on pages 16, 18, 30, 48 of the report.

POPULATION.

The estimated mid-year home population for 1954 was 510,000.

BIRTH RATE (CRUDE).

Year	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
England & Wales	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3	15.5	15.2
Devon	15.5	17.3	17.9	15.7	14.7	13.5	13.5	13.6	13.4	13.08

DEATH RATE (CRUDE).

Year	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
England & Wales	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3	11.4	11.3
Devon	14.8	14.1	14.8	12.9	14.7	14.5	15.5	13.6	14.17	14.18

Heart and Circulatory Diseases.

In the Administrative County there were 2,886 deaths from Diseases of the Heart and Circulatory System (1,419 males and 1,467 females), corresponding to a death rate of 5.66 per 1,000 of the population, compared with 2,827 and 5.57 in 1953. Of these, 1,612 (6.16 per 1,000) occurred in the combined Urban Districts, and 1,274 (5.13 per 1,000) occurred in the combined Rural Districts.

In Table II will be found the number of deaths and death rates from these diseases for the several districts of the County.

Cancer.

In the Administrative County there were 1,218 deaths from Cancer, (558 males, and 660 females), corresponding to a death rate of 2.4 per 1,000 of the population, compared with 1,147 and 2.3 in 1953. Of these, 698 (2.7 per 1,000) occurred in the combined Urban Districts, and 520 (2.1 per 1,000) occurred in the combined Rural Districts.

In Table II will be found the number of deaths and death rates from this disease for the several districts of the County.

Vascular Lesions of Nervous System.

In the Administrative County there were 1,177 deaths from Vascular Lesions of Nervous System (470 males, and 707 females), corresponding to a death rate of 2.3 per 1,000 of the population,

TABLE I.

TABLE 1—1954

Districts.	Populations. (Est. Mid. 1954 Home) †	Births. Rates per 1,000 Population.			Infant Deaths*				Maternal* Deaths.		
		No.	Crude Rate	Corr't'd Rate	Under 1 year.		Under 4 weeks.		No.	Rate	
					No.	Rate	No.	Rate			
URBAN (*Boroughs)											
Ashburton	2,710	40	14.76	16.09	1	25.00	1	25.00	—	—	
*Barnstaple	16,080	246	15.29	15.90	7	28.46	4	16.26	—	—	
*Bideford	10,300	159	15.44	16.37	4	25.16	1	6.29	—	—	
Brixham	8,890	99	11.14	12.48	2	20.20	1	10.10	—	—	
Buckfastleigh	2,520	44	17.46	20.60	1	22.73	1	22.73	—	—	
Budleigh Salterton	3,850	33	8.57	11.83	—	—	—	—	—	—	
Crediton	4,210	58	13.78	13.09	1	17.24	1	17.24	—	—	
*Dartmouth	5,860	83	14.16	15.58	4	48.19	1	12.05	—	—	
Dawlish	7,090	77	10.86	12.27	—	—	—	—	—	—	
Exmouth	17,550	205	11.68	14.02	10	48.78	5	24.39	—	—	
*Great Torrington	2,840	32	11.27	12.85	1	31.25	—	—	—	—	
Holsworthy	1,590	24	15.09	14.49	2	83.33	—	—	—	—	
*Honiton	4,860	53	10.91	16.47	1	18.87	—	—	—	—	
Ilfracombe	9,000	108	12.00	13.80	1	9.26	—	—	—	—	
Kingsbridge	3,140	56	17.84	19.45	4	71.43	1	17.86	—	—	
Lynton	1,760	20	11.36	11.25	—	—	—	—	—	—	
Newton Abbot	17,110	225	13.15	13.54	5	22.22	4	17.78	—	—	
Northam	6,600	74	11.21	12.44	6	81.08	6	81.08	—	—	
*Okehampton	3,860	44	11.39	12.19	2	45.45	1	22.73	—	—	
Ottery St. Mary	4,110	51	12.41	13.03	1	19.61	1	19.61	—	—	
Paignton	25,390	251	9.89	12.26	5	19.92	5	19.92	1	3.98	
Salcombe	2,460	25	10.16	12.29	—	—	—	—	—	—	
Seaton	2,890	23	7.96	10.03	—	—	—	—	—	—	
Sidmouth	9,850	93	9.44	12.56	4	43.01	3	—	—	—	
*South Molton	3,090	32	10.36	11.39	1	32.26	1	32.26	—	—	
Tavistock	6,220	70	11.25	13.05	2	28.57	1	14.29	—	—	
Teignmouth	10,470	119	11.37	13.53	2	16.81	1	8.40	—	—	
*Tiverton	11,480	161	14.02	14.30	3	18.63	1	6.21	—	—	
*Torquay	50,260	581	11.56	12.83	13	22.38	11	18.93	—	—	
*Totnes	5,560	80	14.39	15.25	4	50.00	1	12.50	—	—	
URBAN ..	261,600	3,166	12.10	13.67	87	27.48	52	16.42	1	0.32	
RURAL.											
Axminster	14,330	178	12.42	14.28	5	28.09	4	22.47	—	—	
Barnstaple	23,410	346	14.78	16.99	5	14.45	5	14.45	—	—	
Bideford	5,290	93	17.58	19.69	2	21.51	1	10.75	—	—	
Broadwoodwidge	2,040	34	16.67	17.67	—	—	—	—	—	—	
Crediton	9,890	172	17.39	19.82	9	52.33	6	34.88	—	—	
Holsworthy	6,000	91	15.17	17.14	2	21.98	1	10.99	—	—	
Honiton	6,960	98	14.08	15.91	4	40.82	4	40.82	—	—	
Kingsbridge	11,840	174	14.69	17.04	3	17.24	1	5.75	—	—	
Newton Abbot	26,090	319	12.23	14.31	9	28.21	6	18.81	—	—	
Okehampton	12,160	154	12.66	15.07	3	19.48	2	12.99	—	—	
Plympton St. Mary	31,800	446	14.03	16.13	11	24.66	9	20.18	1	2.24	
St. Thomas	32,310	461	14.27	16.27	13	28.19	10	21.69	1	2.17	
South Molton	9,050	116	12.82	14.87	3	25.86	2	17.24	—	—	
Tavistock	15,620	224	14.34	17.64	4	17.86	2	8.93	—	—	
Tiverton	20,700	295	14.25	15.68	9	30.51	6	20.34	—	—	
Torrington	7,280	114	15.66	18.64	—	—	—	—	1	8.77	
Totnes	13,630	191	14.01	16.25	1	5.24	1	5.24	—	—	
RURAL ..	248,400	3,506	14.11	16.23	83	23.67	60	17.11	3	0.86	
ADMINISTRATIVE COUNTY	510,000	6,672	13.08	14.91	170	25.48	112	16.79	4	0.59	

† Including Members of Armed Forces stationed in Area.

* Per 1,000 Live Births, (for comparisons, the actual numbers and not the rates should be used).

GENERAL TABLE II, 1954.

RATES PER 1,000 POPULATION.

District. (*Borough)	Populations ‡(Estimated mid 1954 Home).	Total Deaths			Tuberculosis Deaths†		Cancer Deaths†		Heart and Circulatory Diseases Deaths†		Nephritis Deaths†		Other Diseases of Respiratory System Deaths†	
		No.	Crude Rate.	Corr'ct'd Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
URBAN.														
Ashburton ..	2,710	41	15.13	11.80	2	0.74	6	2.21	18	6.64	—	—	1	0.37
*Barnstaple ..	16,080	227	14.17	11.48	—	—	38	2.36	111	6.90	1	0.06	—	—
*Bideford ..	10,300	148	14.37	10.92	1	0.09	30	2.91	68	6.60	2	0.19	—	—
Brixham ..	8,890	129	14.51	10.59	4	0.45	23	2.59	49	5.51	1	0.11	1	0.11
Buckfastleigh ..	2,520	32	12.69	9.01	2	0.79	5	1.98	14	5.56	—	—	1	0.39
Budleigh Salt'n ..	3,850	84	21.82	11.13	—	—	17	4.42	27	7.01	2	0.52	1	0.26
Crediton ..	4,210	52	12.35	9.26	—	—	12	2.85	21	4.99	1	0.24	—	—
*Dartmouth ..	5,860	83	14.16	11.33	2	0.34	18	3.07	17	2.90	1	0.17	2	0.34
Dawlish ..	7,090	92	12.98	9.09	3	0.42	16	2.26	41	5.78	1	0.14	—	—
Exmouth ..	17,550	326	18.58	11.15	2	0.11	55	3.13	118	6.72	—	—	4	0.23
*Great Torrington ..	2,840	51	17.96	12.93	—	—	9	3.17	22	7.75	—	—	—	—
Holsworthy ..	1,590	29	18.24	14.77	—	—	4	2.52	10	6.29	—	—	—	—
*Honiton ..	4,860	45	9.26	8.79	1	0.21	8	1.65	16	3.29	—	—	1	0.21
Ilfracombe ..	9,000	143	15.89	10.65	2	0.22	21	2.33	73	8.11	2	0.22	2	0.22
Kingsbridge ..	3,140	38	12.10	9.68	1	0.32	8	2.55	11	3.50	2	0.64	—	—
Lynton ..	1,760	29	16.48	12.03	1	0.57	5	2.84	15	8.52	—	—	—	—
Newton Abbot ..	17,110	224	13.09	10.34	4	0.23	41	2.39	82	4.79	2	0.12	1	0.06
Northam ..	6,600	78	11.82	8.39	—	—	11	1.67	30	4.55	1	0.15	—	—
*Okehampton ..	3,860	47	12.18	9.38	—	—	11	2.85	22	5.69	—	—	—	—
Ottery St. Mary ..	4,110	55	13.38	9.90	—	—	15	3.65	15	3.65	—	—	2	0.49
Paignton ..	25,390	398	15.68	9.25	1	0.04	63	2.48	161	6.34	11	0.43	3	0.12
Salcombe ..	2,460	36	14.63	9.51	—	—	5	2.03	15	6.09	3	1.22	—	—
Seaton ..	2,890	66	22.84	12.11	—	—	10	3.46	39	13.49	—	—	—	—
Sidmouth ..	9,850	194	19.69	10.63	2	0.20	34	3.45	71	7.21	2	0.20	3	0.30
*South Molton ..	3,090	36	11.65	9.20	—	—	1	0.32	16	5.18	1	0.32	1	0.32
Tavistock ..	6,220	100	16.08	10.93	—	—	18	2.89	39	6.27	—	—	—	—
Teignmouth ..	10,470	172	16.43	9.53	1	0.09	29	2.77	70	6.69	5	0.48	—	—
*Tiverton ..	11,480	152	13.24	11.25	3	0.26	25	2.18	50	4.36	4	0.35	3	0.26
*Torquay ..	50,260	819	16.29	10.91	15	0.29	145	2.88	332	6.61	8	0.16	7	0.14
*Totnes ..	5,560	80	14.39	11.66	1	0.18	15	2.69	29	5.22	—	—	1	0.18
URBAN ..	261,600	4,006	15.31	10.41	48	0.18	698	2.67	1,612	6.16	50	0.19	34	0.13
RURAL.														
Axminster ..	14,330	169	11.79	8.72	1	0.07	23	1.61	55	3.84	3	0.21	4	0.28
Barnstaple ..	23,410	296	12.64	10.11	—	—	50	2.14	140	5.98	1	0.04	1	0.04
Bideford ..	5,290	46	8.69	7.29	—	—	10	1.89	16	3.02	—	—	—	—
Broadwoodwid'r ..	2,040	14	6.86	7.48	—	—	3	1.47	6	2.94	—	—	—	—
Crediton ..	9,890	137	13.85	11.77	1	0.10	20	2.02	51	5.16	—	—	1	0.10
Holsworthy ..	6,000	62	10.33	8.37	—	—	14	2.33	22	3.67	1	0.17	—	—
Honiton ..	6,960	98	14.08	12.25	—	—	9	1.29	40	5.75	—	—	—	—
Kingsbridge ..	11,840	157	13.26	10.34	6	0.51	33	2.79	53	4.48	2	0.17	—	—
Newton Abbot ..	26,090	350	13.42	10.33	4	0.15	71	2.72	133	5.09	—	—	6	0.23
Okehampton ..	12,160	180	14.80	11.39	2	0.16	32	2.63	66	5.43	2	0.16	2	0.16
Plympt'n S. Mary ..	31,800	410	12.89	10.96	4	0.13	55	1.73	158	4.97	5	0.16	7	0.22
St. Thomas ..	32,310	497	15.38	12.92	4	0.12	79	2.45	198	6.13	5	0.15	7	0.22
South Molton ..	9,050	89	9.83	8.45	1	0.11	11	1.22	40	4.42	—	—	1	0.11
Tavistock ..	15,620	194	12.42	10.31	1	0.06	30	1.92	62	3.97	2	0.13	—	—
Tiverton ..	20,700	225	10.87	9.13	2	0.09	40	1.93	97	4.69	—	—	3	0.14
Torrington ..	7,280	84	11.54	9.58	—	—	8	1.09	42	5.77	—	—	1	0.14
Totnes ..	13,630	220	16.14	12.11	3	0.22	32	2.35	95	6.97	3	0.22	2	0.15
RURAL ..	248,400	3,228	12.99	10.52	29	0.12	520	2.09	1,274	5.13	24	0.09	35	0.14
ADMINISTRATIVE COUNTY ..	510,000	7,234	14.18	10.49	77	0.15	1,218	2.39	2,886	5.66	74	0.14	69	0.14

‡ Including Members of the Armed Forces stationed in the Area.

† For comparisons, the numbers and not the rates should be used.

compared with 1,096 and 2.2 in 1953. Of these, 672 (2.6 per 1,000) occurred in the combined Urban Districts, and 505 (2.0 per 1,000) occurred in the combined Rural Districts.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

With regard to notifications of infectious disease, a change brought about in 1950 as a result of the National Health Service Act is that under Schedule 10, local sanitary authorities must send a copy of all notifications of infectious disease to the County Medical Officer within 12 hours, if possible, and in any case within 48 hours after its receipt. The County Council is required to reimburse local sanitary authorities for any fee which they have paid for the original notification.

Smallpox.

As from the 5th July, 1948, the County Council's responsibility to provide for the isolation hospital treatment of cases of Smallpox passed to the Regional Hospital Board. During the year 1954 no case of smallpox was reported in the Administrative County.

Scarlet Fever.

There were 261 cases notified, with no deaths during the year, compared with 364 cases and no deaths for the previous year. Cases were reported in all but 14 of the sanitary districts.

The largest number of cases occurred in Torquay (42), Exmouth (33) and Plympton St. Mary (26).

Diphtheria.

There was 1 case notified, with no deaths during the year, compared with no cases and no deaths for the previous year.

Sole responsibility for the provision of facilities for immunisation against diphtheria rests with the Local Health Authority. Further details regarding the scheme is contained in the section further on in this report which deals with Section 26 of the National Health Service Act.

Enteric Fever.

There were no cases notified during the year, compared with 3 cases and no deaths for the previous year.

Measles.

There were 322 cases notified, with no deaths, during the year, compared with 8,005 cases and 3 deaths during the previous year. The largest number of cases occurred in Exmouth Urban (69), St. Thomas Rural (62) and Tiverton Rural (68).

Whooping Cough.

There were 1,445 cases with 4 deaths, notified during the year, compared with 2,023 cases and 6 deaths during the previous year.

The largest number of cases occurred in Torquay Borough (116), St. Thomas Rural (134) and Plympton Rural (224).

Influenza.

There were 23 deaths (urban 14, rural 9) registered during the year, compared with 107 for the previous year.

Pneumonia.

There were 268 cases of Pneumonia notified during the year. This disease caused *218 deaths (urban 99, rural 119) compared with 219 for the previous year.

* The deaths include both notifiable and non-notifiable cases .

Puerperal Fever and Pyrexia.

There were 15 cases notified under the Regulations (urban 4, rural 11), compared with 19 cases for the previous year.

Polio-myelitis.

Twenty cases were notified during the year and 1 death registered, (urban 6, rural 14).

Polio-Encephalitis.

No case was notified during the year.

Cerebro-Spinal Fever.

No case was notified during the year.

Ophthalmic Neonatorum.

There were 2 cases (both urban) notified, compared with 3 for the previous year. (Further reference to this is made in the Maternity and Child Welfare Section of the report).

SCHOOL CLOSURE

During the year 1 school was closed on account of infectious disease (influenza), compared with none in 1953.

2,563 children (infected and contacts as notified by Head Teachers) were excluded; Chickenpox 1,319, Conjunctivitis 58, German Measles 221, Measles 118, Mumps 75, Anterior Poliomyelitis 19, Scarlet Fever 107, Septic Tonsillitis 1, Whooping Cough 518, Ringworm 23, Impetigo 40, Scabies 1, other Diseases 63.

TUBERCULOSIS

The number of notifications under the Tuberculosis Regulations in 1954 was 362 and 77 deaths were given in the Registrar General's return.

Notifications.

The following table shows the total number of cases of Tuberculosis remaining on the registers at the end of 1954:—

PULMONARY.				NON-PULMONARY.				TOTAL CASES
<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Total</i>	
1,609	1,263	195	3,067	130	162	159	451	3,518

TABLE III. 1954.
NOTIFIABLE DISEASES.

DISTRICTS.	Scarlet Fever		Diphtheria		Enteric Fever		Pneumonia *		Puer. & Post abort. sepsis		Acute Poliomyelitis		Cerebro- Spinal Fever		Ac. inf. enceph.		Ophthalmia Neonatorum		Total.	
	Cases	Deaths †	Cases	Deaths	Cases	Deaths †	Cases	Deaths	Cases	Deaths †	Cases	Deaths	Cases	Deaths †	Cases	Deaths †	Cases	Deaths †	Cases	Deaths
URBAN. (Boroughs*)																				
Ashburton	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
*Barnstaple	9	—	—	—	—	—	12	4	2	—	1	—	—	—	—	—	2	—	26	—
*Bideford	11	—	—	—	—	—	2	3	—	—	—	—	—	—	—	—	—	—	13	—
Brixham	2	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	2	—
Buckfastleigh	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—
Budleigh Salterton	1	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	5	—
Crediton	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—
*Dartmouth	6	—	—	—	—	—	4	2	1	—	—	—	—	—	—	—	—	—	11	—
Dawlish	—	—	—	—	—	—	6	1	—	—	1	—	—	—	—	—	—	—	7	—
Exmouth	33	—	—	—	—	—	19	7	—	—	—	—	—	—	—	—	—	—	52	—
*Great Torrington	4	—	—	—	—	—	9	—	—	—	—	—	—	—	—	—	—	—	13	—
Holsworthy	4	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	4	—
*Honiton	1	—	—	—	—	—	11	—	—	—	—	—	—	—	—	—	—	—	12	—
Ilfracombe	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Kingsbridge	7	—	—	—	—	—	2	5	1	—	—	—	—	—	—	—	—	—	10	—
Lynton	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Newton Abbot	4	—	—	—	—	—	6	7	—	—	1	—	—	—	—	—	—	—	11	—
Northam	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	2	—
*Okehampton	1	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	6	—
Ottery St. Mary	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Paignton	11	—	—	—	—	—	1	8	—	—	—	—	—	—	—	—	—	—	12	—
Salcombe	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Seaton	—	—	—	—	—	—	5	1	—	—	—	—	—	—	—	—	—	—	5	—
Sidmouth	—	—	—	—	—	—	4	5	—	—	—	—	—	—	—	—	—	—	4	—
*South Molton	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	1	—
Tavistock	5	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	5	—
Teignmouth	5	—	—	—	—	—	6	5	—	—	1	—	—	—	—	—	—	—	12	—
*Tiverton	22	—	—	—	—	—	6	5	—	—	—	—	—	—	—	—	—	—	28	—
*Torquay	42	—	—	—	—	—	20	21	—	—	—	—	—	—	—	—	—	—	62	—
*Totnes	1	—	—	—	—	—	2	2	—	—	1	—	—	—	—	—	—	—	4	—
TOTALS ..	171						126	99	4		6						2		309	
RURAL.																				
Axminster	3	—	—	—	—	—	9	7	—	—	—	—	—	—	—	—	—	—	12	—
Barnstaple	5	—	—	—	—	—	3	5	2	—	—	—	—	—	—	—	—	—	10	—
Bideford	1	—	—	—	—	—	2	2	—	—	2	1	—	—	—	—	—	—	5	—
Broadwoodwidge	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Crediton	2	—	—	—	—	—	—	5	1	—	—	—	—	—	—	—	—	—	3	—
Holsworthy	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Honiton	—	—	—	—	—	—	11	2	2	—	—	—	—	—	—	—	—	—	13	—
Kingsbridge	1	—	—	—	—	—	—	6	—	—	2	—	—	—	—	—	—	—	3	—
Newton Abbot	10	—	—	—	—	—	5	7	—	—	—	—	—	—	—	—	—	—	15	—
Okehampton	1	—	—	—	—	—	9	7	—	—	—	—	—	—	—	—	—	—	10	—
Plympton St. Mary	26	—	—	—	—	—	36	12	1	—	4	—	—	—	—	—	—	—	67	—
South Molton	—	—	—	—	—	—	—	38	—	—	—	—	—	—	—	—	—	—	—	—
St. Thomas	19	—	—	—	—	—	30	1	1	—	—	—	—	—	—	—	—	—	50	—
Tavistock	1	—	1	—	—	—	1	5	1	—	2	—	—	—	—	—	—	—	6	—
Tiverton	15	—	—	—	—	—	27	5	2	—	—	—	—	—	—	—	—	—	44	—
Torrington	3	—	—	—	—	—	7	1	—	—	—	—	—	—	—	—	—	—	10	—
Totnes	3	—	—	—	—	—	2	13	1	—	4	—	—	—	—	—	—	—	10	—
TOTALS ..	90		1				142	119	11		14	1							258	
Administrative County ..	261		1	—	—		268	218	15		20	1	—		—		2		567	

* Deaths include both notifiable and non-notifiable cases.
† No figures of deaths published by Registrar-General.

Cases, as notified by Medical Officers of Health.
Deaths, as notified by Registrar-General.

TABLE IIIa, 1954

YEAR	Scarlet Fever		Diphtheria & Membranous Group.		Enteric Fever		Pneumonia †		Puer. & Post abort. sepsis		Poliomyelitis Polio-Encephalitis		Cerebro-Spinal Fever		Ac. inf. enceph.		Ophthalmia Neonatorum		Total.	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1945	497	2	63	4	12	—	206	199	25	4	15	2	17	5	1	5	14	—	836	221
1946	427	—	49	4	21	—	228	210	33	3	6	2	14	3	1	1	1	—	780	223
1947	274	—	31	2	3	—	209	203	27	6	60	1	11	3	—	4	9	—	624	219
1948	254	—	15	—	4	1	190	166	16	1	15	5	5	2	—	5	9	—	499	180
1949	417	—	10	—	3	—	337	262	27	1	92	9	5	4	—	3	7	—	898	279
1950	393	*	4	*	7	*	326	222	17	*	177	31	1	*	—	*	4	—	929	*
1951	270	*	2	*	14	*	437	248	28	*	41	6	—	*	1	*	4	*	769	*
1952	349	*	1	*	5	*	226	187	31	*	57	6	—	*	2	*	1	*	672	*
1953	364	*	—	*	3	*	342	219	19	*	59	5	—	*	1	*	3	*	791	*
1954	261	*	1	*	—	*	268	218	15	*	20	1	—	*	—	*	2	*	567	*

† Deaths include both notifiable and non-notifiable cases.

* No figures of deaths published by Registrar-General.

Cases, as notified by Medical Officers of Health.

Deaths, as notified by Registrar-General.

The following is a summary of primary notifications during the year 1954, as furnished to the Minister of Health.

Notifications on Form A.

Number of Primary Notifications of new cases of Tuberculosis.

Age periods	0-1	1-2	2-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75 and over	Totals	Grand Total
Pulmonary Males ..			1	5	1	11	11	26	20	33	19	9	6	142	362
„ Females ..			4	4	8	22	30	32	12	8	5	3	2	130	
Non-Pulmonary Males ..			1	6	8	1	1	9	4	2	1	5		38	
„ Females ..	1	2	5	4	5	3	15	5	3	4	3	2		52	

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the year, otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1952.

Age periods.	0-1	1-2	2-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75 and over	Total Cases
Pulmonary Males ..			1	2	1	2	8	25	14	10	6	3	1	73
„ Females ..						16	35	8	2	2	1			64
Non-Pulmonary Males ..				1	1				2	1	1			6
„ Females ..					1		3	2						6

The primary notifications of Tuberculosis on Form A (all forms) amounted to 362 (180 males, 182 females). Of this number 272 (142 males, 130 females), suffered from respiratory forms of Tuberculosis, and 90 (38 males, 52 females) from other forms of Tuberculosis. The number of notifications (362) is higher than the corresponding figure for 1953 (359). Pulmonary cases show a decrease of 26 and non-pulmonary an increase of 29.

Mortality.

(a) Pulmonary.

During the year 1954, 65 deaths (37 males and 28 females) occurred; of these, 39 occurred in the Urban Districts and 26 in the Rural Districts.

(b) Non-Pulmonary.

Twelve deaths occurred (5 males and 7 females). Of this number 9 occurred in the Urban Districts and 3 in the Rural Districts.

Deaths from all forms of Tuberculosis.

There were 77 deaths (42 males and 35 females), 48 in the Urban Districts and 29 in the Rural Districts.

Table II gives the number of deaths and death rates in the various districts in the County. (Registrar-General).

The tuberculosis death rate for the County as a whole is 0.15 per 1,000 of the population.

In the combined Urban Districts the death rate was 0.18 and in the combined Rural Districts 0.12. In the Urban Districts the highest death rate was in Buckfastleigh (0.79) and in the Rural Districts the highest death rate was in Kingsbridge (0.51).

The following table shows the death rates from Tuberculosis (all causes) for the last five years:—

Year	..	1950	1951	1952	1953	1954
Rate	..	0.32	0.29	0.21	0.18	0.15

The Registrar General reports that 4 children under 15 years of age died from Tuberculosis (all causes) during the year 1954.

New Cases and Mortality during 1954.
(Returns from Local Registrars).

Age Periods.	New Cases				Deaths			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	—	—	—	—	—	—	—	—
1—	—	—	—	1	—	—	—	—
2—	1	4	1	2	—	—	—	—
5—	5	4	6	5	—	—	—	—
10—	1	8	8	4	—	—	—	—
15—	11	22	1	5	—	1	—	—
20—	11	30	1	3	—	—	—	1
25—	26	32	9	15	3	2	—	1
35—	20	12	4	5	5	6	—	1
45—	33	8	2	3	7	6	—	1
55—	19	5	1	4	10	4	—	—
65—	9	3	5	3	9	3	—	—
75 and upwards ..	6	2	—	2	1	2	1	1
TOTALS ..	142	130	38	52	35	24	1	5

Of the 65 deaths from Tuberculosis (all forms) returned by the Local Registrars, 27 (41.5 per cent) were of un-notified cases, the reasons given being:—

Visitors	6
Diagnosed on Post Mortem Examination ..	2
Regarded by Medical Attendant as already notified	19

The remaining 38 deaths were of cases notified in the following years, and 21 % of these were of cases notified during 1954.

Prior to 1935	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	Total
2	—	—	1	1	1	—	—	1	—	2	1	2	—	2	2	2	5	4	4	8	38

This table shows the occupations of 65 adults who died from Tuberculosis in 1954.

Adults—15 years of age and upwards.

MALES

Boat Proprietor	1	No Occupation	1
Builders Merchant's Assistant	1	Operator	2
Chiropodist	1	Painter	1
Clerk	2	Pensioner	1
Driver	1	Retired	15
Inmate Mental Hospital	1	Sawyer	1
Labourer	2	Signalman	2
Lens Grinder	1	Traveller	1
Merchant Navy	1	Turbine Attendant	1

TOTAL: 36

FEMALES

Domestic Help	1	No Occupation	14
Horticulturist	1	Retired	2
Housewife	7	Waitress	1
Inmate M.D. Inst.	3		

TOTAL: 29

The following information with regard to the localisation of the deaths from Tuberculosis in 1954 has been obtained from the Returns of the Local Registrars (not those from the Registrar-General).

					<i>Males</i>	<i>Females</i>	<i>Total</i>
Lungs	..	..	..	..	35	24	59
Meningitis	..	..	..	..	—	—	—
Generalised	..	..	..	..	—	—	—
Peritoneum and Intestines	..	..	..	..	—	—	—
Kidney	..	..	..	..	—	1	1
Joints	..	..	..	..	1	—	1
Spine	..	..	..	..	—	1	1
Other Forms	..	..	..	..	—	3	3
					36	29	65

Prevention of Tuberculosis Regulations, 1925.

No action has been taken by the County Council under these Regulations.

X-Rays.

During the year 21,807 X-Ray examinations were carried out in the 4 areas of the Administrative County; North Devon 6,764, Torquay 7,809, Exeter 5,145, Plymouth 2,089.

Details of Mass Radiography can be found later in the report.

Grants of Extra Nourishment, etc.

The following grants were made during the year on the recommendation of the Chest Physicians:—

Extra Nourishment—442 grants were made to 158 patients for milk at the rate of 2 pints per day.

Occupational Therapy.

Arrangements were made for Tuberculosis patients to receive instruction in their own homes by 3 Occupational Therapists. 1,982 visits were made to 222 patients. Further details are contained under Section 28 later in the report.

Shelters.

Shelters are loaned to patients on the advice of the Chest Physicians and are inspected at intervals by the Chest Physicians and Health Visitors. Total number available 64.

Tuberculosis Visiting.

The Health Visitors act as Tuberculosis Visitors, and during the year 2,138 visits were made to homes of tuberculous patients. One Health Visitor is attached to each of the 4 Chest Clinics and works in close co-operation with the 4 Chest Physicians. Information relating to patients is then passed to the appropriate Health Visitor

EXETER CLINICAL AREA TUBERCULOSIS SERVICE

The Chest Physicians of the four districts covering the Administrative County of Devon and the City of Exeter are:—

- | | |
|----------------|---|
| 1. North Devon | Dr. A. J. McMillan |
| 2. East Devon | Dr. G. E. Adkins |
| 3. Exeter City | Dr. R. P. Boyd |
| 4. South Devon | Dr. W. E. B. Lloyd and
Dr. J. C. Mellor. |

The work of the clinics is set out in the appropriate forms SWRHB/TB which accompany this report. Supplementary information has been collected to complete the account of the working of the environmental services in the area.

Estimated Population, 576,900.

Tuberculosis Register.

Present Total	4,220
New Notifications	461
Deaths	94

The register is under constant review and is up to date. The great majority of notifications are either made by or at the instigation of the chest physicians. There are no doctors in the area whose views on notification deviate widely from the rest.

An attempt has been made to try and ascertain what the register represents in respect of known sources of infection. Chest Physicians were asked to report all patients who had produced a positive sputum or whose skiagram showed evidence of cavitation during the year. The total, 516, should give an approximate idea of how many known infectious persons there are in the clinical area. It is estimated from the number of posthumous notifications that there are about 700 unknown sources of infection. If these assumptions are correct there are more unknown than known sources of infection and it will require an increased case-finding drive by all the means at our disposal to bring them to light.

Contacts.

The number examined at clinics for the first time is 1,788, i.e., 3.88 new contacts per newly notified case. This figure is an improvement on that for 1953 and illustrates the intensification of the case-finding effort. In addition, contacts are examined by mass radiography in increasing numbers. The examination of adult contacts, while more difficult than the examination of child contacts, is a more fruitful source of chronic infectious cases. The finding and prompt treatment of these is doing a great deal to drain the pool of unknown sources of infection. This will result in a temporary rise in new notifications, but it is expected that sources of infection will be eliminated more quickly than they will be formed.

B.C.G. Vaccination.

758 contacts have been successfully vaccinated. 92 nurses or other hospital staff were also successfully vaccinated and, in addition, 213 school leavers have been vaccinated.

Domiciliary Visits.

The majority of these visits continues to be in connection with tuberculosis. As a rule consultations are only made on cases too ill to attend the clinic, but every effort is made to pay at least one visit to all cases sent to the clinic, in order to ascertain the home conditions. Enough routine follow-up visits are still difficult to manage, mainly because of the extra time spent on contacts. A number of consultations in cases of non-tuberculous diseases are made, mostly to patients in general hospitals.

Health Visitors.

The Health Visitors have done most valuable work in connection with the supervision of patients in their homes, contact examinations and B.C.G. vaccinations. It is to be hoped that, in the present phase of intensive effort to bring tuberculosis under control, the health visitors will be permitted to continue to the full their invaluable work in this field. Any diminution in the amount of time spent in tuberculosis control work must inevitably reduce the chance of success.

Bacteriology.

This work is done in the Public Health Laboratory in Exeter. Increasing use of culture methods for the isolation and study of tubercle bacilli has resulted in heavier demands upon this service, and we are grateful for the way in which the Director and his staff have responded.

Mass Radiography.

Mobile units from Plymouth and Bristol have carried out numerous surveys, details of which are contained in the reports of the directors. The chest physicians are deeply appreciative of the way in which the mass radiography service responds to special requests, such as the examination of school populations in which an active case of tuberculosis has been found.

TABLE A

SOUTH WESTERN REGIONAL HOSPITAL BOARD.

SWRHB/TB/3

CHEST CLINIC SERVICE.

Return for year ending December, 1954

<i>Clinic</i>	<i>Day and Frequency</i>	<i>First Examinations</i>	<i>Re-Examinations</i>	<i>Total</i>	<i>Treatment AP Refills etc.</i>
<i>North Devon</i>		560	4181	4741	1221
Chest Clinic N. Devon Infirmary	Tuesday, Thursday & Friday 9 a.m.—1 p.m. 2 p.m.—4 p.m.	<i>Contacts</i> 215	751	966	
Bideford Hospital	Wednesday. 9 a.m.—1 p.m.				
<i>East Devon</i> Chest Clinic "Ivybank," Exeter	Friday—weekly Thursday p.m. (monthly) Tuesday—weekly	1187	2178	3365	2456
Tiverton Hospital	Thursday p.m. (twice monthly)				
Teignmouth Hospital	Wednesday p.m. (monthly)				
Axminster Hospital	Wednesday p.m. (monthly)				
<i>Exeter City</i> Chest Clinic 1, Southernhay W. Exeter	Monday. 5—7 p.m. Wednesday & Thursday. 2.30—5 p.m. Monday & Thursday. 9.30—10.30 a.m. 1st & 4th Monday in month. 2.30—4 p.m. (miniature) Wednesday. 11 a.m.	1211	1468	2679	1544

TABLE B

SOUTH WESTERN REGIONAL HOSPITAL BOARD.

SWRHB/TB/3

CHEST CLINIC SERVICE.

Return for year ending December, 1954

<i>Clinic</i>	<i>Day and Frequency</i>	<i>First Examinations</i>	<i>Re-Examinations</i>	<i>Total</i>	<i>Treatment AP Refills etc.</i>
<i>South Devon Chest Clinic Torquay</i>	Monday & Thursday (weekly)	1569	6210	7779	2926
		<i>Contacts</i> 536	1292	1828	
	Tuesday p.m. (weekly)				
	Saturday p.m. (B.C.G. & Mantoux)				
<i>South Devon Chest Clinic Beaumont House, Plymouth</i>	Tuesday (weekly)	254	73	327	
	Thursday (weekly)	18	611	629	471
	1st Thursday in month (contacts)	192	416	608	
<i>Tavistock Hospital</i>	Wednesday (fortnightly)				
	Cases	55	266	321	220
	Contacts	64	131	195	

TABLE C

SOUTH WESTERN REGIONAL HOSPITAL BOARD.
SWRHB/TB/4
CHEST CLINIC SERVICE.

Return for year ending December, 1954

<i>New cases of T.B. diagnosed during the year.</i>	<i>Non- Respt.</i>	<i>J.T.C. Classification</i>				<i>Grand Total</i>
		<i>Respt. 1</i>	<i>Respt. 2</i>	<i>Respt. 3</i>	<i>Total Respt.</i>	
Male	26	75	69	63	207	233
Female	30	82	66	42	190	220
Children (under 15) ..	21	23	5	1	29	50

<i>Contacts</i>	<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Total</i>
Number first examined at clinics during the year	402	637	749	1788
Number first examined by Mass Radiography Units during the year ..	—	—	59	59
All contacts diagnosed as T.B. during year	11	36	16	63

Number of contacts vaccinated by B.C.G.	742
Number of 13-year olds vaccinated under Ministry of Health Scheme (Exeter City)	149

**TUBERCULOSIS INSTITUTIONAL REPORTS FOR THE YEAR
1954**

(Administrative County of Devon and City of Exeter)

I am indebted to Dr. R. L. Midgley, Senior Chest Consultant to the Exeter Clinical Area, for the following general statement with regard to the work carried out at the Chest Hospitals.

The reduction of waiting lists noted in the reports for 1952 and 1953 has continued. By the end of the year there were no male and an average of ten female patients awaiting admission. There may well be a reversal of this trend during the next few years as a result of the activities of the mass X-ray unit for the clinical area.

The proportions in the different groups of the Ministry of Health classification on admission is about the same as last year. Although this shows that there is still a substantial number of patients whose

disease is already advanced when the diagnosis is made, it must be remembered that some were re-admissions of known cases who had relapsed.

30 tuberculous patients died in our institutions, which represents about 40% of the total tuberculous fatalities in the clinical area. This is the highest proportion yet achieved and is in the best interests of preventive medicine.

Tables are appended which illustrate the volume, type and results of the tuberculous and non-tuberculous work carried out at Hawkmoor Chest Hospital, Hawley Hospital, Exeter Isolation Hospital, Torquay Isolation Hospital and Honeylands Children's Sanatorium.

Appendix D	Hawkmoor Chest Hospital Report.
Appendix E	Isolation Hospital, Exeter, Report.
Appendix F	Honeylands Children's Sanatorium, Report.
Appendix G	Hawley Hospital, Barnstaple, Report.
Appendix H	Isolation Hospital, Torquay, Report.
Appendix I	Hawkmoor Chest Hospital Children's Report.

HAWKMOOR CHEST HOSPITAL, BOVEY TRACEY

Report for the Year 1954

				APPENDIX D
TOTAL NUMBER OF BEDS AVAILABLE				214
(of which 16 are indefinitely used for other purposes).				
" " " PATIENT ADMITTED ..	T.B.	304		514
	N.T.B.	210		
" " " " DISCHARGED OR WHO	T.B.	327		539
HAVE DIED	N.T.B.	212		
" " " PATIENT DAYS	T.B.	59058		64,958
	N.T.B.	5900		
AVERAGE NUMBER OF BEDS OCCUPIED ..	T.B.	161.78		177.91
	N.T.B.	16.13		
" LENGTH OF STAY (days)	T.B.	199.76		
	N.T.B.	28.51		

AGE CLASSIFICATION ON ADMISSION.

	Tuberculous			Non-Tuberculous Thoracic Surgical		
	M.	F.	T.	M.	F.	T.
Under 5 years	1	—	1	7	6	13
" 15 "	3	7	10	11	16	27
" 25 "	20	58	78	5	10	15
" 35 "	46	53	99	7	7	14
" 45 "	30	25	55	10	12	22
" 55 "	31	10	41	25	12	37
" 65 "	10	7	17	35	16	51
65 years and over	3	—	3	23	8	31
TOTAL	144	160	304	123	87	210

TABLE IV.
HAWKMOOR CHEST HOSPITAL.

Return showing the Immediate Results of Patients Discharged.

Classification on Admission.	Condition at the time of Discharge.	Duration of Residential Treatment.											
		Under 3 months.			3 to 6 months.			6 to 12 months.			Over 12 months.		
		M.	F.	C.	M.	F.	C.	M.	F.	C.	M.	F.	C.
PULMONARY													
CLASS R.A.1	Quiescent	3	2	—	3	3	2	—	3	—	—	—	—
	Not Quiescent	—	1	—	—	—	—	—	—	—	—	—	—
	Died	—	—	—	—	—	—	—	—	—	—	—	—
CLASS R.A.2	Quiescent	—	2	—	2	—	—	—	1	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—
	Died	—	—	—	—	—	—	—	—	—	—	—	—
CLASS R.A.3	Quiescent	—	1	—	—	—	—	—	—	1	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—
	Died	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	GROUP R.A. ..	3	5	—	5	3	2	—	4	1	—	—	—
CLASS R.B.1	Quiescent	3	3	—	9	12	3	11	17	3	2	2	—
	Not quiescent	—	3	—	—	—	—	—	—	—	—	—	—
	Died	—	—	—	—	—	—	—	—	—	—	—	—
CLASS R.B.2	Quiescent	8	6	—	25	24	—	9	17	—	10	6	—
	Not quiescent	3	1	—	2	—	—	1	—	—	—	—	—
	Died	1	1	—	—	—	—	1	—	—	—	—	—
CLASS R.B.3	Quiescent	7	1	—	9	8	—	19	13	—	6	10	1
	Not quiescent	5	—	—	3	1	—	2	—	—	—	3	—
	Died	4	3	—	—	—	—	1	2	—	—	2	—
TOTAL	GROUP R.B. ..	31	18	—	48	45	3	44	49	3	18	23	1
NON-PULMONARY													
CLASS N.R.A.	Quiescent	—	—	1	—	1	—	—	1	—	—	—	—
CLASS N.R.B.	Quiescent	3	2	2	1	2	—	—	1	—	—	—	—
*OBSERVATION ..		2	5	—	—	—	—	—	—	—	—	—	—

*These cases were admitted as suspected tuberculosis, but, on investigation, proved to be not tuberculosis and discharged.

Abbreviations: R.A. —tuberculosis negative (pulmonary)
R.B. —tuberculosis positive (pulmonary)
N.R.A. —tuberculosis negative (non-pulmonary)
N.R.B. —tuberculosis positive (non-pulmonary)
Numbers—stages of disease

TUBERCULOUS admissions include those from Plymouth and Cornwall, whose separate statistics are shown later in the report.

DISEASE CLASSIFICATION ON ADMISSION.

PULMONARY		Males	Females	Children	Total
Non-tuberculous					
Thoracic, Surgical	..	105	65	40	210
Observation	..	2	5	—	7
Class R.A.1.	..	5	14	2	21
„ R.A.2.	..	2	8	—	10
„ R.A.3.	..	—	1	—	1
„ R.B.1.	..	23	38	3	64
„ R.B.2.	..	57	48	—	105
„ R.B.3.	..	45	33	2	80
NON-PULMONARY					
N.R.A.	..	—	2	2	4
N.R.B.	..	6	4	2	12
TOTAL		245	218	51	514

Above includes admissions from:

		CORNWALL				CITY OF PLYMOUTH			
		M.	F.	C.	T.	M.	F.	C.	T.
Class R.A.1.		—	—	—	—	1	1	1	3
„ R.B.1.		—	—	—	—	2	1	1	4
„ R.B.2.		2	—	—	2	14	16	—	30
„ R.B.3.		1	1	—	2	2	1	—	3
TOTAL		3	1	—	4	19	19	2	40

Discharged to Hospital of origin.

		CORNWALL				CITY OF PLYMOUTH			
Condition on Discharge		M.	F.	T.		M.	F.	C.	T.
R.A.1.	Improved	—	—	—		1	1	—	2
R.B.1.	„	—	—	—		2	1	1	4
R.B.2.	„	4	3	7		13	16	—	29
R.B.2.	Died	—	—	—		1	1	—	2
R.B.3.	Improved	1	1	2		2	2	—	4
TOTAL		5	4	9		19	21	1	41

The above figures are included in Table IV but are separated for convenience.

AFTER-HISTORY REPORTS OF PATIENTS DISCHARGED.

Year	Dis- charged	Un- traced	Cured	Not Cured but able to work	Too ill to work	Died	Total	Grand Total
1939	R.A.	37	12	3	1	24	77	
	R.B.1.	3	2	1	—	4	10	
	R.B.2.	8	2	5	—	14	29	
	R.B.3.	13	3	3	3	33	55	171

1940	R.A.	37	13	6	—	13	69	150
	R.B.1.	6	—	3	1	3	13	
	R.B.2.	11	3	7	—	18	39	
	R.B.3.	6	1	1	—	21	29	
1941	R.A.	39	10	6	3	22	80	160
	R.B.1.	5	—	4	—	1	10	
	R.B.2.	16	6	6	1	12	41	
	R.B.3.	4	1	—	—	24	29	
1942	R.A.	34	9	9	1	11	64	151
	R.B.1.	4	2	5	—	3	14	
	R.B.2.	8	3	8	1	12	32	
	R.B.3.	10	—	2	1	28	41	
1943	R.A.	22	8	23	5	11	69	157
	R.B.1.	6	—	3	1	4	14	
	R.B.2.	12	4	7	—	9	32	
	R.B.3.	6	2	5	1	28	42	
1944	R.A.	27	13	27	2	18	87	177
	R.B.1.	8	3	5	1	2	19	
	R.B.2.	5	2	13	1	9	30	
	R.B.3.	7	—	—	1	33	41	
1945	R.A.	21	10	18	2	6	57	126
	R.B.1.	6	2	5	1	2	16	
	R.B.2.	6	—	8	2	7	23	
	R.B.3.	6	—	3	1	20	30	
1946	R.A.	6	8	9	2	5	30	124
	R.B.1.	9	5	6	1	3	24	
	R.B.2.	9	9	14	1	8	41	
	R.B.3.	3	1	4	3	18	29	
1947	R.A.	12	4	20	2	6	44	141
	R.B.1.	2	—	6	—	3	11	
	R.B.2.	10	—	14	7	9	40	
	R.B.3.	7	2	8	3	26	46	
1948	R.A.	12	7	22	1	2	45	182
	R.B.1.	2	4	14	1	6	27	
	R.B.2.	17	6	24	5	11	63	
	R.B.3.	7	—	9	3	28	47	
1949	R.A.	5	4	12	2	5	28	163
	R.B.1.	7	3	10	2	5	27	
	R.B.2.	9	2	23	6	7	47	
	R.B.3.	10	1	12	10	28	61	
1950	R.A.	4	—	17	1	1	23	189
	R.B.1.	9	—	26	3	2	40	
	R.B.2.	12	—	45	4	6	67	
	R.B.3.	13	—	25	5	16	59	

1951	R.A.	3	—	22	3	—	28	
	R.B.1.	6	—	32	2	1	41	
	R.B.2.	9	—	43	4	2	58	
	R.B.3.	2	—	36	19	13	70	197
1952	R.A.	1	—	14	1	—	16	
	R.B.1.	6	—	35	4	—	45	
	R.B.2.	7	—	48	9	1	65	
	R.B.3.	6	—	27	18	4	55	181
1953	R.A.	1	—	23	1	1	26	
	R.B.1.	2	—	33	8	—	43	
	R.B.2.	1	—	58	8	—	67	
	R.B.3.	3	—	35	29	9	76	212

OPERATIONS PERFORMED DURING 1954 ON TUBERCULOUS PATIENTS

Pneumonectomy	9
Thoracoplasty (stages)	109
Lobectomy	18
Rib Resection	2
Exploratory Thoractomy	2
Mediastinal Adenectomy	2
Removal Blood Clot from Sub-Scapular Space	1
Exploration Chest Wall Sinus	1
Bronchoscopy	148
Laryngoscopy	1
Thoracoscopy	4
Thoracoscopy and Adhesion Section	31
Phrenic Operations	43
Excision Glands of Neck	8
Nephrectomy	2
Splenectomy	1
Salpingo Oophorectomy	1
Laparotomy	2
Transverse Colostomy	1
Dilation and Curettage	1
Cystoscopy	6
Exploration of Hydrocele	1
Oesophagoscopy	2
Tonsillectomy	1
Successful Artificial Pneumothorax Inductions	37
Successful Pneumoperitoneum Inductions	19
Unsuccessful Artificial Pneumothorax Inductions	3
Refills	1,030
Patients Admitted with Artificial Pneumothorax	5
Patients Admitted with Pneumoperitoneum	3

OPERATIONS PERFORMED DURING 1954 ON NON-TUBERCULOUS PATIENTS

Pneumectomy	10
Lobectomy	16
Rib Resection and Drainage of Empyema	2
Exploratory Thoracotomy	14
Insertion Intercostal Catheter	8
Thoracotomy and Removal of Spring Water Cyst	1
Cavity Drainage 1st and 2nd Stage	1
Bronchoscopy	138
Thoracoscopy	1
Repacking and Exploration of Sinus	2
Phrenic Operation	1
Pneumoperitoneum Induction	1
Plastic Repair Chest Wall	1
Biopsy Glands of Neck	3
Biopsy Glands of Axilla	1
Repair of Tracheo-Oesophageal Fistula	1
Repair of Diaphragmatic Hernia	1
Repair of Hiatus Hernia	18
Oesophago-Gastrectomy	4
Jejunostomy	1
Hellers Operation for Achalasia of Cardia	2
Laparotomy	1
Oesophagoscopy	46
Ligation of Patent Ductus	2
Mitral Valvulotomy	5
Angio-Cardiography	5
Drainage Perinephric Abscess	1
Nephrectomy	1
Cystoscopy	1

TABLE III

X-Ray Department.

Total number of examinations	6,032
Total number of screenings	1,906
Total number of films	4,126
Chest examinations	2,752
Orthopaedic examinations	124

SPECIAL EXAMINATIONS:

Gall Bladder	1
Barium Meals	72
Barium Swallows	111
Barium Enemas	3
Bronchograms	198
Fistulae	43
Tomograms	319
Angio-Cardiogram	5
Portables	449
Dentals	7
Abdomen	29
Urography Intranemous	7
Urography Instrumental	6
Total Exposure (excluding screenings)	8,192
Amount of work done, calculated in units	10,852

Dental Department.

Number patients inspected	162
„ found to require treatment	139
„ for whom treatment commenced	132
„ of attendances for treatment	497
„ of Fillings	220
„ of Extractions	162
„ of other treatments	225
„ of treatments completed	102
„ of Full Dentures supplied	7
„ of Partial Dentures supplied	8
„ of Dentures repaired	5
„ of Sessions worked	47

APPENDIX E**EXETER SPECIAL HOSPITAL MANAGEMENT COMMITTEE
ISOLATION HOSPITAL, EXETER.****TUBERCULOSIS UNIT****REPORT FOR THE YEAR 1954**

Total number of beds available	64
„ „ „ patients admitted	148
„ „ „ „ discharged or who have died	150
„ „ „ patient bed days	22,906
Average number of beds occupied	62.58
„ length of stay (days)	152.02

Age Classification on Admission.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 15 years	1	4	5
„ 25 „	9	17	26
„ 35 „	23	15	38
„ 45 „	19	11	30
„ 55 „	14	3	17
„ 65 „	24	2	26
Over 65 years	6	—	6
	96	52	148
	==	==	==

Disease Classification on Admission.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Class R.B.1.	4	6	10
„ R.B.2.	56	20	76
„ R.B.3.	18	5	23
„ R.A.1.	2	13	15
„ R.A.2.	6	5	11
„ R.A.3.	1	—	1
Non-Pulmonary	9	3	12
	96	52	148
	==	==	==

RETURN SHOWING IMMEDIATE RESULT OF PATIENTS DISCHARGED

Classification on admission	Condition at time of discharge	Under 3 months		3 — 6 months		6 — 12 months		Over 12 months	
		M.	F.	M.	F.	M.	F.	M.	F.
R.A.1.	Quiescent	1	3	—	8	—	2	1	—
R.A.2.	Quiescent	—	—	3	4	2	1	1	—
	Not „	—	—	1	—	—	—	—	—
TOTAL GROUP R.A.		1	3	4	12	2	3	2	—
R.B.1.	Quiescent	—	—	3	5	1	1	—	—
R.B.2.	Quiescent	3	2	16	5	12	3	1	—
	Not „	6	3	10	5	10	1	—	—
	Died	—	—	1	—	3	—	1	—
R.B.3.	Quiescent	—	—	1	2	3	—	—	—
	Not „	1	1	3	1	3	—	1	—
	Died	1	—	5	1	—	1	—	—
TOTAL GROUP R.B.		11	6	39	19	32	6	3	—

Not Pulmonary Tuberculosis: Males 4

Females 3

APPENDIX F

HONEYLANDS CHILDREN'S SANATORIUM

Total number of beds available	..	..	..	..	20
„ „ „ patients admitted	..	..	..	..	37
„ „ „ „ discharged	..	..	..	..	34
„ „ „ „ patient days	..	..	..	..	6,945
Average number of beds occupied	..	..	..	..	19.02
Length of stay (days)	..	..	..	..	173.52

Age classification on admission.

	Males	Females	Total
Under 5 years	—	—	—
„ 12 „	21	16	37

Duration of Residential Treatment of Those Discharged in 1954.

	Under 28 days		Under 3 months		3 — 6 months		6 — 12 months		Over 12 months	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Fit for School	—	1	6	2	4	7	7	6	—	1

APPENDIX G

EXETER SPECIAL HOSPITAL MANAGEMENT COMMITTEE
HAWLEY HOSPITAL, BARNSTAPLE
REPORT FOR THE YEAR 1954

Total number of beds available	..	..	..	..	31
" " " patients admitted	..	..	..	..	46
" " " " discharged or died	..	..	..	..	44
" " " patient days	..	..	..	..	10,581
Average daily number of beds occupied	..	..	..	..	28.98
" length of stay (days)	..	..	..	..	230.1

Age classification on admission.					Males	Females	Totals
Under 5 years	..	..	..	..	—	—	—
" 15 "	..	..	..	..	—	—	—
" 25 "	..	..	..	..	4	6	10
" 35 "	..	..	..	..	3	5	8
" 45 "	..	..	..	..	5	4	9
" 55 "	..	..	..	..	5	4	9
" 65 "	..	..	..	..	5	3	8
65 years and over	..	..	..	..	1	1	2
					23	23	46

Disease Classification on Admission.

Pulmonary					Males	Females	Totals
Class R.A.1.	..	..	..	..	—	2	2
" R.A.2.	..	..	..	..	1	—	1
" R.A.3.	..	..	..	..	—	2	2
" R.B.1.	..	..	..	..	2	1	3
" R.B.2.	..	..	..	..	12	13	25
" R.B.3.	..	..	..	..	8	3	11
Non-Pulmonary							
Class N.R.A.	..	..	..	..	—	2	2
" N.R.B.	..	..	..	..	—	—	—
					23	23	46

**RETURN SHOWING THE IMMEDIATE RESULTS OF PATIENTS
DISCHARGED**

Classifi- cation on admission	Condition time of Discharge	Under 3 months		3 —6 months		6 —12 months			over 12 months	
		M.	F.	M.	F.	M.	F.	C.	M.	F.
R.A.1.	Quiescent	—	1	—	1	2	—	—	—	—
	Not "	—	—	—	—	—	1	—	—	—
R.A.2.	Quiescent	—	—	1	—	—	—	—	—	1
R.A.3.	Died	—	1	—	—	—	—	—	—	—
TOTAL GROUP R.A.		—	2	1	1	2	1	—	—	1

R.B.1.	Quiescent	—	—	—	—	1	—	—	—	—
R.B.2.	Quiescent	—	—	1	1	7	8	1	1	1
	Not „	—	—	3	1	—	—	—	1	—
R.B.3.	Quiescent	1	—	—	—	1	1	1	—	1
	Not „	—	—	1	1	—	1	—	—	—
	Died	1	—	—	—	—	—	—	—	—
<hr/>										
TOTAL GROUP R.B.		2	—	5	3	9	10	2	2	2
<hr/>										
N.R.A.	Quiescent	—	1	—	—	—	—	—	—	—
<hr/>										

APPENDIX H

TORQUAY DISTRICT HOSPITAL MANAGEMENT COMMITTEE
ISOLATION HOSPITAL, TORQUAY
TUBERCULOSIS WARDS

REPORT FOR THE YEAR, 1954

Total number of beds available	..	..	..	..	..	8
„ „ „ patients admitted	..	..	..	..	..	25
„ „ „ „ discharged	..	..	..	..	..	25
„ „ „ patient days	..	..	..	..	..	2,693
Average number of beds occupied	..	..	..	..	..	7.38
„ length of stay (days)	..	..	..	..	..	96

Age classification on admission.

		<i>Males only</i>
Under 15 years	..	—
„ 25 „	..	6
„ 35 „	..	8
„ 45 „	..	6
„ 55 „	..	4
„ 65 „	..	1
		—
		25
		==

Disease Classification on Admission.

Class	R.B.1.	..	3
„	R.B.2.	..	9
„	R.B.3.	..	5
„	R.A.	..	7
„	N.R.B.	..	1
			—
			25
			==

RETURN SHOWING THE IMMEDIATE RESULTS OF PATIENTS
DISCHARGED

<i>Classifi- cation on admission</i>	<i>Condition at time of discharge</i>	<i>Under 3 months</i>	<i>3 — 6 months</i>	<i>6 — 12 months</i>	<i>over 12 months</i>
R.A.1.	Quiescent	2	1	—	—
R.A.2.	Quiescent	—	4	—	—
TOTAL GROUP R.A.		2	5	—	—
R.B.1.	Quiescent	—	1	2	—
R.B.2.	Quiescent	3	1	2	—
	Not „	1	2	—	—
R.B.3.	Quiescent	2	2	—	—
	Not „	1	—	—	—
TOTAL GROUP R.B.		7	6	4	—
N.R.A.		Nil.			
N.R.B.	Quiescent	1	—	—	—

Appendix I.

REPORT ON CHILDREN OF SCHOOL AGE (RESIDENT IN COUNTY OF DEVON) TREATED IN HAWKMOOR CHEST HOSPITAL DURING THE YEAR 1954

There were seven tuberculous children of school age in the hospital on 1.1.54, together with five non-tuberculous children of school age. Eight tuberculous children and sixteen non-tuberculous children of school age were admitted during the year. Four tuberculous children and one non-tuberculous child remained in the hospital at 31.12.54.

These children were grouped clinically as follows:—

<i>Tuberculous Cases</i>			<i>Non-Tuberculous Cases (treated in the Thoracic Surgical Unit)</i>		
R.A.1.	..	2	Bronchiectasis	..	19
R.A.2.	..	—	Patent Ductus Arteriosus	..	1
R.A.3.	..	1	Surgical Investigation	..	1
R.B.1.	..	6			
R.B.2.	..	—			
R.B.3.	..	3			
N.R.A.	..	2			
N.R.B.	..	1			
		—			—
		15			21
		—			—

Tuberculous Cases.

Fewer cases have been treated this year and the results have been satisfactory in that, of those discharged, all were fit to return to school except three who had reached school leaving age.

One child was treated by artificial pneumothorax, one by phrenic crush and postural retention, and one by phrenic crush and pneumoperitoneum. Chemotherapy has been used where indicated and we found that children tolerated this form of treatment very well, including a case of miliary tuberculosis with meningitis.

Of the non-pulmonary cases, two were tuberculosis of cervical glands, which were surgically removed, and one had tuberculous peritonitis.

Of the twelve children suffering from pulmonary tuberculosis, five had a history of contact with an open case, but no such history could be obtained in the remaining seven pulmonary cases, nor in the three non-pulmonary cases.

This rather high proportion of known sources of infection emphasizes once again the importance of the contact examination work carried out by the Chest Physicians and the grave risks to which children are exposed who have to live in contact with open cases of tuberculosis.

Non-Tuberculous Cases.

Of the nineteen cases of bronchiectasis, six have had surgical treatment, two were considered unsuitable for surgery, five were placed on the waiting list for further investigation and for six cases it was decided that no surgery was required.

Ligation of patent ductus arteriosus was performed on the child mentioned.

One boy was picked up at Mass Miniature Radiography, which showed a partly calcified mass on the left side of the hilum, one or two inches below the ridge of the aorta. He had no symptoms. Thoractomy was performed and a calcified plaque was seen, forming part of the wall of the infundibulum of the main stem of the pulmonary artery. The condition was obscure and the wound was closed.

Discharges.

Tuberculous Cases. All were discharged as fit to attend school, except the three mentioned above, who had reached school leaving age.

Non-Tuberculous Cases. Fifteen were considered to be fit for school after a further period of convalescence, and five were placed on the waiting list with a view to surgical treatment.

No child of school age died in the hospital during the year.

The average length of stay was 196 days for the tuberculous cases, and 30 days for the non-tuberculous cases.

OAKLAND'S PARK CHILDREN'S HOME

There are 40 beds available at Oaklands Park Children's Home and an average of 27 were occupied throughout the year. The staff consists of Matron, 1 Matron's assistant, 3 ward orderlies, 1 children's attendant, who also organises games, and 4 domestic staff.

During the year 125 children were admitted, 125 were discharged and 19 were in the Home at the end of the year. This last number is lower than the average for the year as many of the children are taken home for Christmas.

Average length of stay	..	11 weeks, 2 days.
Average gain in weight	..	4 lbs. 11 ozs.

WELFARE OF THE BLIND

Although blindness—its cause, prevention and treatment—is essentially of medical interest, powers under this Act have been delegated to the Committee for the Welfare of the Blind.

The Scheme of Registration contains a proviso that before the name of a blind person is entered in the Register he must be examined by a Medical Practitioner qualified in accordance with the proviso to paragraph (5), of Article 4 of the Council Scheme for the provision of Welfare Services for Blind Persons under Section 29 of the National Assistance Act, 1948. If, for one reason or another, the blind person is unable to travel, arrangements are made for him to be visited by an Ophthalmic Surgeon.

I am indebted to the Blind Welfare Officer for the details of cases registered during the year as set out in the attached table.

Ophthalmia Neonatorum.

The only reported case of Ophthalmia Neonatorum was a woman now aged 27 whose sight had deteriorated greatly and she was registered blind within the meaning of the Act, on the 20th July, 1954. Ophthalmia Neonatorum was given as the actual cause of blindness; she also had Nystagmus.

Retrolental Fibroplasia.

The only case reported during 1954 was a child born in July, 1950. She was a premature infant and treated in an Oxygen Tent. She has been examined periodically by Mr. C. A. Browne at the Bristol Eye Hospital.

MATERNITY AND CHILD WELFARE

Births.

During the year 1954 there were registered in the Administrative County; 6,672 (6,412 legitimate, 260 illegitimate) births; this is a decrease of 135 on the year 1953. Of the total number of births, 3,166 occurred in the Urban Districts and 3,506 in the Rural Districts.

The birth rate for the County for 1954 was 13.08 (14.91 corrected) per 1,000 of the population compared with 13.4 in 1953. In the three previous years the rates were: 1952, 13.6, 1951, 13.5; 1950, 13.5.

The rate for England and Wales for 1954 was 15.2 compared with 15.5 in 1953.

REPORT

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

CAUSES OF DISABILITY						
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Cataract and Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>	<i>Total registered during year</i>
(i) Number of cases registered during the year in respect of which para. 7 (c) of Form B.D.8 recommends:						
BLIND (a) No treatment	48	12	7	1	47	
(b) Treatment or re-examination	(see 17 Note A)	(see 10 Note B)	(see 5 Note C)	—	(See 13 Note D)	
TOTALS	65	22	12	1	60	160
PARTIALLY SIGHTED (a) no treatment	16	1	1	—	10	
(b) Treatment or re-examination	(See 11 Note E)	(See 2 Note C)	—	—	3	
TOTALS	27	3	1	—	13	44
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment:—						
BLIND	7	8	4	—	11	
PARTIALLY SIGHTED	5	2	—	—	3	

- NOTES:—**A. In five of these cases operations for cataract were recommended, but were refused by the blind person ; in three cases people died before treatment could be given and in two other cases the general physical condition prevented operation.
- B. One of these cases was recommended for treatment but died before it was given and one refused an operation.
- C. One was prevented from having the operation by present physical condition.
- D. One refused operation and one was prevented by present ill-health.
- E. Three of these were recommended for treatment or re-examination at dates which have not yet been reached and three have refused operations.

Ophthalmia Neonatorum.

Total No. of cases notified during year	1
No. of cases in which:—	
a. Vision lost	—
b. Vision impaired	1
c. Treatment continuing at end of year	—

The birth rate showed a further fall in 1954 but the correct figure was only slightly below the rate for England and Wales. The apparent low rate indicated therefore the presence of a greater proportion of older people in the population than is general throughout England and Wales.

Illegitimate Births.

There were 260 illegitimate births (Urban 128, Rural 132) (Males 132, Females 128) registered, giving a rate of 4.0 per cent for the Urban and 3.8 per cent for the Rural births, with a general rate of 3.9 per cent for the County.

Stillbirths.

There were 146 stillbirths (78 males, 68 females) registered in the County, giving a rate of 21.9 per 1,000 total births. The number of illegitimate stillbirths was 14, giving a rate of 53.8 per 1,000 illegitimate births.

All figures given above are supplied by the Registrar-General after allowance has been made in respect of transfers and late information. They do not necessarily agree with the following figures which record notifications actually received in the Department.

Notifications—Births.

Under Section 203(2) of the Public Health Act, 1936, all births in the Administrative County must be notified within 36 hours to the County Medical Officer.

41.9 per cent of infants were born at home and 58.1 in hospitals or other institutions.

In the County 6,684 live births were notified. (Adjusted for transfers in and out).

Domiciliary	..	..	..	..	2,801
Institutional	..	..	..	..	3,883
				Total ..	<u>6,684</u>

Stillbirths.

In the Administrative County, 158 stillbirths were notified during the year.

Domiciliary	..	..	..	..	36
Institutional	..	..	..	..	122
				Total ..	<u>158</u>

All cases of stillbirth are followed up by detailed investigations in an endeavour to determine the causes of this loss of potential child life.

Premature Births. (i.e. babies weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of period of gestation).

During the year 403 were notified. The figures for stillbirths and premature births are closely related and in this year while there has been a rise in the number of stillbirths this has been associated with a drop in the number of premature babies born. Additionally there has been a slight improvement in the survival rate of the premature babies. In the lowest weight group many infants had an almost negligible chance of survival, while in the other weight groups the hospital cases carried a higher death rate than the domiciliary cases because of more abnormal pregnancies and deliveries. The small loss of premature baby life in those nursed entirely at home was partly due to the number of domiciliary midwives who have attended refresher courses in which special stress has been laid on the care of these particular infants.

The following table (see page 45) gives the birth weight, place of birth and the number of premature babies surviving in each group at the end of 28 days.

Retrolental Fibroplasia.

No cases reported (to date) among babies born in 1954.

This condition causing blindness is not likely to be seen much in the future now that the cause has been determined and can be largely avoided.

Infantile Mortality.

The number of deaths of infants under one year during 1954 was 170 (101 males and 69 females) and of this number 6 or 3.5 per cent were illegitimate. Of the total deaths 87 occurred in the Urban Districts and 83 in the Rural Districts. The infantile mortality, i.e. the number of deaths under one year per 1,000 live births, for the Administrative County was 25.5 compared with 25.6 in 1953. The infantile mortality rate in the Urban Districts was 27.5 and in the Rural Districts 23.7. Table I shows the number of infantile deaths with rates per 1,000 births for each district in the Administrative County, and also full details of infant deaths under 4 weeks old.

The infantile mortality rate again shows a very slight drop and once more the new rate becomes the lowest to be recorded for the Administrative County. The figure for 1954 was exactly the same as the average for England and Wales.

The following Table gives the birth weight place of birth, and the number of premature babies surviving in each group at the end of 28 days.

Weight at Birth	PREMATURE LIVE BIRTHS. Total Notified 403.												PREMATURE STILL-BIRTHS					
	Born in Hospital				Born at Home and Nursed entirely at Home				Born at Home and transferred to hos- pital on or before 28th day				Born in Nursing Home and trans- ferred to hospital on or before 28th day				TOTAL NOTIFIED 62	
	Total		Died with- in 24 hrs. of birth		Total		Died with- in 24 hrs. of birth		Total		Died with- in 24 hrs. of birth		Total					
3lb 4oz. or less	36	22	3	3	—	9	6	1	1	1	1	—	3	1	1	5	—	
Over 3lb. 4ozs. up to and including 4lb. 6ozs.	56	7	10	—	10	8	3	4	2	—	1	1	1	1	—	4	2	
Over 4lb. 6oz. up to and including 4lb. 15oz.	79	3	10	—	10	2	1	1	1	—	1	1	1	1	—	3	—	
Over 4lb. 15oz up to and including 5lb 8oz.	120	—	54	1	53	5	2	1	4	—	3	—	—	—	—	7	—	
TOTALS	291	32	77	4	73	24	12	7	8	1	5	3	1	2	41	19	2	

There has been a further unwelcome rise in the number of premature births. Part of the increase is still probably apparent rather than real and is the result of the greater accuracy of the revised Notification of Birth card.

Ophthalmia Neonatorum.

	<i>Domiciliary confinements</i>	<i>Institutional confinements</i>
No. of cases notified ..	2	—
No. of cases removed to hospital ..	—	—
No. of cases nursed at home ..	2	—
No. of cases where vision was unimpaired ..	2	—
No. of cases where vision was impaired ..	—	—
No. of cases where vision was lost ..	—	—
No. of cases where patient died ..	—	—

Pemphigus Neonatorum.

No cases were recorded.

Puerperal Pyrexia.

Seventeen cases of puerperal pyrexia were notified during the year by General Practitioners.

Maternal Deaths.

During 1954 there occurred in the Administrative County 4 deaths as a result of childbirth. This represents a rate of 0.59 per 1,000 live births, which should be compared with the rate of 0.69 for England and Wales.

Registration of Nursing Homes.

Under Sections 187-194 of the Public Health Act, 1936, 3 Nursing Homes have been registered for 25 beds (medical convalescence), during the year. The total number of Homes on the register at the end of the year was 42, providing 74 maternity and 464 other beds. This excludes the Borough of Torquay to whom all functions under the above Sections were delegated.

Regular inspections are made of Nursing Homes for the purpose of ensuring that the by-laws made by the County Council under the Act have been duly observed.

Nurseries and Child-Minders Regulation Act 1948.

During the year one application was received for registration of premises as a Day Nursery for 20 children, and the number of Nurseries on the register at the end of the year was 5, providing for 102 children.

One child-minder in the County is registered for 10 children.

Nurses Acts 1919-1945.

Three applications for renewal of licences to carry on agencies for the supply of nurses, under these acts, were received during the year, and renewals granted.

Child Life Protection.

The Health Visitors continue to visit the homes and submit reports on all cases under the Children's Act and any homes where children are to be fostered. The number of visits by Health Visitors under this Section was 1,182.

Family Planning and Birth Control.

The Devon County Council make a grant to the Women's Welfare Association, which is affiliated to the Family Planning Association. The number of cases seen under the Devon County Council's arrangements was 156 new cases and 767 continuation cases, as compared with 152 and 710 in 1953.

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

Ante- and Post-Natal Clinics.

In conformity with the suggestion of the Ministry of Health, every encouragement has been given to the formation of Midwives' Ante-Natal Clinics in areas where domiciliary midwifery justifies the project. These clinics are run not only for carrying out examinations, but also for educational purposes in the spreading of advice on maternal and child care by means of talks, film strips and discussion groups. The Health Visitors are attending in most areas. Two new Clinics were started during the year at Bideford and Ilfracombe.

The following 13 centres are under the direction of the local midwives:—

Barnstaple, Bideford, Crediton, Exmouth, Ilfracombe, Newton Abbot, Paignton, Plympton, Plymstock, Sidmouth, South Molton, Tavistock, Torquay.

The total attendances recorded during the year were:—

<i>Sessions</i>	<i>No. of Women attending.</i>	<i>No. of attendances.</i>	<i>No. of New Cases.</i>
477	1,343	4,842	1,018

Many of the mothers are expressing their appreciation of these teaching clinics and midwives are noticing the increased confidence that young mothers are showing in their confinements when their knowledge is increased and little worries dispelled.

It is a pleasure to record that General Practitioners are encouraging their patients to use this new service.

Maternity Outfits.

Under the National Health Service Act, 1946, these outfits are supplied free of charge in domiciliary confinements, and arrangements have been made throughout the County for outfits to be obtained on application to the local District Nurse/Midwife. The number issued during the year was 3,120.

Dental Care. (J. Fletcher, L.D.S., R.C.S., Eng., Senior County Dental Officer and Principal School Dental Officer).

Preventive Dentistry. Although under Sec. 22 (i) of the N.H.S. Act, 1946, it is the duty of Local Health Authorities to provide a service of inspection, where this is practicable, and treatment for expectant and nursing mothers and young children, prevention of dental disease is not overlooked. Dental Officers therefore pay periodic visits to Child Welfare Centres and Ante-natal Clinics, not only to examine the mouths of those mothers and children who are presented, or present themselves for inspection, but also to give talks on oral hygiene and preventive dentistry in general. In consequence when in May the British Dental Association issued a memorandum of Proposals for Safeguarding and Improving the Dental Health of Children, copies were obtained and issued to each dental officer in order that uniform and up-to-date advice as to preventive measures could be given.

The treatment scheme was continued on the lines described in earlier reports. Mothers still in general tend to consult general practitioners for their dental treatment as this still remains free of charge to expectant and nursing mothers except where the provision of artificial dentures is required. It is pleasing to note however that there has been a 24% increase in the number of pre-school children presented for dental care and 44% more fillings have been inserted in the teeth of these young children as compared with 1953. The number of teeth extracted has also increased but only by 17%.

In those parts of the County where it is still necessary to refer cases for treatment by general practitioners 46 estimate forms were issued and 24 of these were returned for approval. 28 cases were completed involving a total cost to the County of £246 13s. 0d., an average of £8 16s. 2d. per case.

Statistics relating to the dental care of mothers and young children are shown in Table V. A number of children under 5 were also treated under the School Dental Service and these are not shown here.

TABLE V.
M. AND C.W. DENTAL STATISTICS, 1954.

(a) Numbers provided with dental care.

	No. Exam- ined.	No. Needing Treatment.	No. Treated.	Attend- ances.	No. made dentally fit.
Expectant and Nursing Mothers .. .	209	202	282	761	126
Children under five .. .	472	340	348	614	239

(b) Forms of Treatment provided.

	Extractions	Anaesthetics		Fillings.	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radio- graphs.	Artificial Dentures Provided	
		Local	General						Complete.	Partial.
Expectant and Nursing Mothers .. .	434	85	75	313	140	—	294	11	37	37
Children under five .. .	369	23	156	236	11	110	91	3	—	—

NOTE.—These Statistics do not include cases treated by General Dental Practitioners.

Care of Unmarried Mothers and their Children.

Unmarried mothers and their children are cared for by arrangement with the Diocesan Council for Moral Welfare Work, to whom a grant is made by the County Council, who, in addition, pay travelling expenses of eight workers engaged on cases referred by the County Medical Department.

During the year the Council dealt with 322 cases, 97 of which were referred to the Moral Welfare Workers by my Department. The County Council accepted financial responsibility for the following cases which were admitted to Mother and Baby Homes during 1954:

Dunmore, Bradninch	..	..	..	8
St. Olave's, Exeter	..	..	..	5
Southview, Plymouth	..	..	..	5
St. Anne's, Torquay	..	..	..	2
St. Raphael's, Bristol	..	..	..	1
St. Agnes, Cornwall	..	..	..	1
St. Nicholas, Exeter	..	..	..	10
				<hr/>
				32
				<hr/>

The opening of St. Nicholas House in Exeter has provided a long-needed type of accommodation, and the five places reserved for the County have enabled several girls to make long-term plans for themselves and their babies. It will be a few years before the long-term value of the hostel side can be properly assessed.

Maternity and Child Welfare Centres.

There were 78 Centres in the County at the end of the year, all of which are now administered by the County Council. The majority have Voluntary Committees to assist in running them, and in outlying rural areas transport is provided to convey mothers and children to the nearest Centres. During the year 3 new centres were opened at Bideford, Littleham and Pinhoe.

At most Welfare Centres facilities are given for the distribution of welfare foods to mothers attending the Centres, under the Ministry of Food Scheme.

The attendances, etc., recorded during the year at the 78 Centres were as follows:—

				<i>Totals.</i>
Sessions held	..	..	..	2,802
Attendances by mothers	..	..	..	65,759
Infants attending (born in 1954)	..	..	..	3,345
Attendances by infants under 1 year	..	..	..	51,124
Children 1-2 years attending (born in 1953)	..	..	..	3,130
Attendances by children aged 1-2 years	..	..	..	14,488
Children 2-5 years attending (born 1948-1952)	..	..	..	4,900
Attendances by children aged 2-5 years	..	..	..	18,103

There has again been an increase in the number of infants and young children attending the Child Welfare Centres. Approximately half the children under two years of age in the County have attended the Centres but above that age there has been, as usual, a marked fall in the number of mothers availing themselves of the service. This is unfortunate as many defects found at the first School Medical Inspection might have been found and treated at the time of onset in the later pre-school years.

Full details of the Centres are given in the accompanying Table with the days on which sessions are held.

Alphington	..	Council School, Alphington	..	2nd & 4th Wed.
Appledore	..	Appledore Hall	..	2nd & 4th Fri.
Ashburton	..	Grammar School, Ashburton	..	1st & 3rd Thurs.
Axminster	..	Plaza Cinema, Axminster	..	1st & 3rd Thurs.
Axminster	..	Millwey Rise, Axminster	..	1st & 3rd Wed.
Bampton	..	Central Hall, Bampton	..	1st & 3rd Tues.
Barnstaple	..	113 Boutport St., Barnstaple	..	Tues. & Thurs.
Bideford	..	Parish Church Inst., Bideford	..	Tuesdays.
Bideford	..	Coronation Road	..	Thursdays.
Bovey Tracey	..	Wickham Hall, Bovey Tracey	..	2nd & 4th Tues.
Braunton	..	Parish Hall, Braunton	..	Thursdays.
Brixham	..	Church House, Bolton Street, Brixham	..	Tuesdays.
Broadclyst	..	Girl Guides Room, Broadclyst	..	2nd & 4th Thurs.
Buckfastleigh	..	Congregational School, Buckfastleigh	..	2nd & 4th Wed.
Budleigh Salterton	..	Church Inst., Budleigh Salterton	..	1st & 3rd Wed.
Chagford	..	Women's Inst., Chagford	..	1st & 3rd Tues.
Chudleigh	..	Old School, Chudleigh	..	1st & 3rd Tues.
Chulmleigh	..	Congregational Rooms, Chulmleigh	..	2nd & 4th Tues.
Colyton	..	Youth Club, High St., Colyton	..	Tuesdays
Combe Martin	..	Baptist Lecture Rooms, Combe Martin	..	2nd & 4th Tues.
Crediton	..	Newcombes, Crediton	..	Thursdays.
Cullompton	..	Parish Rooms, Cullompton	..	2nd & 4th Tues.
Dartmouth	..	New Centre, Mayors Avenue, Dartmouth	..	Thursdays
Dawlish	..	The Knowle, Dawlish	..	Wednesdays
East Portlemouth	..	Village Hall, E. Portlemouth	..	3rd Tues.
Exmouth	..	St. Clements, Exeter Road, Exmouth	..	Weds. & Fri.
Fremington	..	Parish Hall	..	2nd & 4th Weds.
Hartland	..	Women's Inst., Hartland	..	1st & 3rd Fri.
Holsworthy	..	Chapel St. Sch. Rooms, Holsworthy	..	Wednesdays
Honiton	..	10 Mill St., Honiton	..	1st & 3rd Wed.
Hooe & Turnchapel	..	Church Hall, Hooe	..	1st & 3rd Fri.
Horrabridge	..	Church Rooms, Horrabridge	..	1st & 3rd Mon.
Ilfracombe	..	4 Market St., Ilfracombe	..	Fridays
Ipplepen	..	Church Room, Ipplepen	..	1st & 3rd Tues.
Ivybridge	..	Methodist Church Hall, Ivybridge	..	2nd & 4th Thurs.
Kenton	..	School Rooms, Kenton	..	2nd & 4th Tues.

Kingsbridge	..	Tresillian, Kingsbridge..	..	Wed. (except 1st)
Kingskerswell	..	Public Hall, Kingskerswell	..	2nd & 4th Fri.
Kingsteignton	..	Conservative Club, Kingsteignton	..	2nd & 4th Fri.
Lifton	..	Methodist Church Rooms	..	2nd Wed.
Littleham	..	Church Hall, Littleham	..	2nd & 4th Mon.
Lynton	..	Jubilee Hall, Lynton	..	1st & 3rd Wed.
Morchard Bishop	..	Parish Hall, Morchard Bishop	..	1st & 3rd Tues.
Moretonhampstead	..	Methodist Church Schoolrooms, Moretonhampstead	..	2nd & 4th Mon.
Newton Abbot	..	21 Courtenay Pk., Newton Abbot	..	Wed. & Thurs.
Northam	..	Church Hall, Northam	..	1st & 3rd Fri.
Okehampton	..	Methodist Rooms, Okehampton	..	Thursdays
Ottery St. Mary	..	Parish Church Hall, Ottery St. Mary	..	2nd & 4th Thursdays
Paignton	..	The Whim, Midvale Rd., Paignton	..	Tues. & Thurs.
Pinhoe	..	America Hall, Pinhoe	..	1st & 3rd Tues.
Plympton	..	Congregational Church Hall, Plympton	..	Tuesdays
Plymstock	..	Church Hall, Plymstock	..	Thursdays
Preston	..	Baptist Hall, Preston	..	Wednesdays
Princetown	..	H.M. Prison, Princetown	..	2nd & 4th Wed.
Roborough	..	Recreation Hut	..	1st & 3rd Thurs.
Salcombe	..	Cliff House, Salcombe	..	1st & 3rd Wed.
Seaton	..	Women's Institute, Seaton	..	2nd & 4th Thurs.
Sidford	..	Reading Room, School Street, Sidford	..	2nd & 4th Weds.
Sidmouth	..	Woolacombe House, Sidmouth	..	Fridays
South Brent	..	Church Hall, South Brent	..	1st & 3rd Wed.
South Molton	..	99 East St., South Molton	..	Thursdays
Stoke Gabriel	..	Men's Club, Stoke Gabriel	..	2nd & 4th Fri.
Tavistock	..	Parish Church Hall, Tavistock	..	Fridays
Teignmouth	..	St. James' Rooms, Teignmouth	..	Mondays
Tiverton	..	Rock Close, St. Andrew Street, Tiverton	..	Wednesdays
Topsham	..	Memorial Hall, Topsham	..	2nd & 4th Thurs.
Torquay	..	Methodist Church Sch., Market Street, Torquay	..	Tuesdays.
Torquay	..	Barton School Clinic, Torquay	..	Wednesdays.
Torquay	..	Belgrave Cong. Ch., Tor Hill Road Torquay	..	Fridays.
Torquay	..	Furrough Cross Cong. Church, Babbacombe	..	Thursdays.
Torquay	..	Watcombe Community Centre	..	Mondays.
Torquay	..	Church Hall, Shiphay	..	2nd & 4th Fri.
Torrington	..	Church House, Torrington	..	1st & 3rd Thurs.
Totnes	..	Borough Park, Totnes	..	1st, 3rd & 5th Mondays.
Whimble	..	The Shack, Slewton, Whimble	..	1st & 3rd Thurs.
Winkleigh	..	Village Hall, Winkleigh	..	1st & 3rd Mon.
Woolacombe	..	Methodist Hall, Woolacombe	..	2nd & 4th Wed.
Yealmpton	..	Chapel Rooms, Yealmpton	..	2nd & 4th Tues.

WELFARE FOODS

On the 28th June, 1954, the distribution of Welfare Foods, that is, National Dried Milk, Cod Liver Oil, Orange Juice and A. & D. Vitamin Tablets, hitherto carried out by the Ministry of Food was taken over by the Ministry of Health, and Local Health Authorities were instructed to undertake this duty from that date.

These Welfare Foods are available to expectant and nursing mothers, and children up to 5 years of age, and are obtained by means of books of tokens issued by the Ministry of Food through the Ministry of Pensions and National Insurance Offices. Vitamin A. & D. Tablets and Cod Liver Oil are supplied free, and National Dried Milk is supplied at a cost of 10½d. (in postage stamps) per tin and Orange Juice at 5d. (in postage stamps) per bottle.

The County was divided into 23 areas each having a supervisory Area Officer, and distributing centres were set up in the 30 towns where Ministry of Food Offices were closing. Sixteen of these supervisory officers were County Council officials on the staff of the Children's (3), Education (3), Surveyors (4), Welfare (3) and Medical Departments (3). The other seven were officers on the staffs of District Councils who were asked to assist in the following areas:—

Axminster, Bideford, Exmouth, Holsworthy, Ilfracombe, Okehampton and Tiverton.

I am greatly indebted to the departments of the County Council and to the District Councils, who are co-operating with my Department by allowing their officers to undertake this supervisory duty.

The Women's Voluntary Service took over the distribution in 42 Centres which included the 30 towns affected by the closing of the Ministry of Food Offices, and it is mainly due to the work of the W.V.S. that the distribution of Welfare Foods in Devon has been carried out smoothly, efficiently, and without detriment to the general public. In addition, all distributors of these Foods, who were originally engaged on a voluntary basis by the Ministry of Food, were asked to carry on, and with very few exceptions these public spirited persons agreed to do so. Therefore, to the Women's Voluntary Service

and also the voluntary distributors who so faithfully carried on under the Local Health Authority when the Ministry of Food ceased, I would like to express on behalf of the County Council Health Committee our great appreciation of their grand work in this new Local Health Authority duty.

In the County there are at present 43 large distributing Centres manned by the W.V.S. personnel and 282 voluntary distributors, who distribute the Foods from their own private and business premises.

During the six months from July to December the amount of Welfare Foods distributed was:—

<i>N.D.M.</i>	<i>C.L.O.</i>	<i>A. & D. Vit. Tabs.</i>	<i>O.J.</i>
(Tins)	(Bottles)	(Packets)	(Bottles)
101,482	24,809	6,230	110,160

SECTION 23—MIDWIFERY

At the end of the year there were 148 qualified Midwives in the County, 8 of whom carry out full-time midwifery duties, the remaining 140 combine midwifery and home-nursing duties. Included in these figures are the Midwives of Thurlow House, Torquay, who, in addition to normal midwifery duties, help the Superintendent in the training of Pupil Midwives, 6 of whom were trained and passed their examinations in 1954.

Supervision is carried out by a Medical Supervisor, a Non-Medical Supervisor and Deputy, and 2 Assistants, and by a Superintendent at the Home at Torquay.

The following duties were carried out by the Supervisory Staff during the year:—

Midwifery Inspections	..	..	..	289
Nursing Inspections	..	..	..	312
Days Relief Work	..	..	..	15
Special Visits	..	..	..	262
Investigations under C.M.B. Rules	..	..	..	270
Meetings Attended	..	..	..	204
Interviews in Office	..	..	..	48
City Work (Inspection of Midwives)	..	..	..	24
Inspection of Midwives in Hospital	..	..	..	2
Inspection of Private Midwives	..	..	..	13
Visits to Nursing Homes	..	..	..	11
Number of days attending Post Graduate Courses	..	..	..	25
Number of days attending Ante-Natal Clinics	..	..	..	23

Deliveries.

Under the Midwives Acts the number of deliveries attended by Midwives in the County was:—

	No. Em- ployed	No. of Deliveries attended by Midwives in the Area during the Year.					
		Domiciliary Cases					Cases in Insti- tutions
		Doctor not Booked		Doctor Booked		Totals	
		Doctor present at time of delivery	Doctor not present at time of delivery	Doctor present at time of delivery	Doctor not present at time of delivery		
Midwives employed by Local Authority	148	108	1,028	686	914	2,736	—
Midwives Employed by Voluntary Asso- ciations	—	—	—	—	—	—	—
Midwives Employed by Hospital Man- agement Commit- tees or Boards of Governors ..	117	—	—	—	5	5	3,097
Midwives in Private Practice and Nurs- ing Homes ..	60	—	26	19	—	45	264
TOTALS ..	325	108	1,054	705	919	2,786	3,361

No. of cases delivered in institutions but attended by domiciliary Midwives on discharge from institutions on or before fourteenth day .. 585

No. of domiciliary cases in which the infant was wholly breast fed at the fourteenth day 1,704

Analgesics.

All Devon County Council Midwives are qualified to give analgesics and have a machine for administering same. It will be noted that of the 794 cases attended with a Doctor present, 599 had Gas and Air Analgesia and 433 were also given Pethidine. No doubt many mothers who did not have Gas and Air Analgesia, had Trilene Analgesia instead. Of the 1,942 cases attended by Midwives only 1,607 had Gas and Air Analgesia and 930 were given Pethidine. It will be seen therefore that a very high percentage of all deliveries are given sedation either in the form of drugs or analgesics, and those who are not helped in this way are either those who have been taught relaxation so well that they feel they do not require sedation, or those who have had their babies before the arrival of the midwife or Doctor.

	<i>When doctor was present</i>	<i>When doctor was not present</i>
Cases in which Gas and Air .. administered	599	1,607
Pethidine	433	930

Visits.

Midwifery Visits	84,054
Ante-Natal Home Visits	24,395
Attendances at Ante-Natal Clinics	2,456
Maternal Complications Visits	2,468
Post-Natal Visits	3,336
Visits to Baby after Fourteenth Day	4,712

Ante-Natal.

The Ante-natal Clinics held by Midwives and Health Visitors are proving most valuable, not only in bringing together these two members of the health team, but in teaching to the expectant mothers such subjects as diet, clothing, mothercraft, relaxation, etc. A film strip projector and several interesting film strips have been purchased, and they too play a very great part in teaching and are much appreciated by all who see them. This year copies of Birth Atlases have been added to our teaching equipment.

Co-operation with General Practitioners.

Co-operation between the General Practitioners and Midwives has reached a very high level, and the Midwives also attend ante-natal clinics held at the Doctors' surgeries, where the emphasis is on the medical aspect of the pregnancy, rather than on the social.

Notifications under C.M.B. Rules.

During the year the following notifications were received:—

Maternal Deaths	..	..	..	1
Infant Deaths	..	..	..	34
Stillbirths	..	..	..	124
Artificial Feeding	..	..	..	622
Requesting Medical Aid	..	..	..	468
Liability to be a source of infection	..	..	..	123
Puerperal Pyrexia	..	..	..	42

Notifications of Intention to Practice.

During the year the following notifications of Intention to Practice were received:—

Devon County Midwives	..	..	169
Hospital and Institutional Midwives	..	..	164
Private Midwives	..	..	36
Total			369

Transport.

181 Midwives are supplied with cars.

40 Midwives use their own cars.

Equipment.

All midwives have the necessary equipment such as bags, sphygmomanometers and stethoscopes, gas and air apparatus, and many of them hold good loan cupboards for use in connection with home nursing. Where, owing to lack of accommodation, it is not possible to have a loan cupboard, the Red Cross Society and St. John Ambulance Association have helped. A very useful addition to equipment this year has been the oxygen adaptors, which play such a large part in the resuscitation of the premature or feeble infant. 26 Adaptors are in use, and more will be added next year.

Post Graduate Courses.

Seventeen Midwives have attended courses as follows: 5 Lectures only; 8 in practical work at the British Hospital for Mothers and Babies, Woolwich, and 4 in the instruction of Relaxation Exercises at Birmingham.

Fees Paid to Medical Practitioners.

During the year 4 claims were received from practitioners for services rendered under the Emergency Medical Service of the Midwives Act, 1936, as compared with 3 in 1953.

Medical Aid was requested in 468 cases and of these 458 were in respect of patients booked by doctors under the National Health Service Act, 1946.

Part II Training Home.

The Part II Training Home at Thurlow House, Torquay, has trained 6 pupils during the year.

Provision for Maternity Care.

Institutional Accommodation.

Arrangements for the institutional accommodation of women who were found to have an abnormal condition are made by the Hospital Consultant Staff of the Regional Hospital Board.

All other cases requiring institutional confinement are submitted to this Department for investigation, and bookings made for those cases where home and other conditions render a domiciliary confinement unwise or unsuitable. Of the 2,905 applications for institutional confinements, 428 were booked on medical grounds, 2,320 on unsuitable environmental grounds, and 157 were rejected.

Consultant Service.

The Regional Hospital Board make arrangements for consultants to see patients at hospitals, maternity homes and in their own homes, at the request of the medical practitioner. The services of a Consultant may be obtained by any general medical practitioner applying direct to the nearest hospital.

SECTION 24—HEALTH VISITING

The number of Health Visitors on the County Staff at December 31st was 44, and the County is divided so that each Health Visitor has her own area. In addition to their duties as Health Visitors, they are employed as School Nurses, the proportion of time allocated being 70% health visiting and 30% school nursing.

The establishment is 44, but this still leaves many areas in which the individual Health Visitor is quite unable to fulfil the multiplicity of duties assigned to her. General Practitioners continue to make much greater use of the Health Visitor's specialised training in social work and there has been a very marked increase in requests from practitioners for the Health Visitor to visit the families that present some variety of social trouble or problem.

A summary of the work undertaken by the Health Visitors during 1953 is as follows:—

No. of children under 5 years of age visited during year	..	20,511
No. of infants visited for first time .. ..	..	6,822
Total No. of visits to infants under 1 year .. ..	..	46,967
No. of expectant mothers visited for first time .. ..	..	1,462
Total No. of visits to expectant mothers .. ..	..	2,972
Total No. of visits to children 1-2 years .. ..	..	21,343
Total No. of visits to children 2-5 years .. ..	..	38,440
Total No. of visits to Tuberculous households .. ..	..	2,360
Visits made under Children's Act .. ..	..	1,182
Care of the aged .. ..	..	1,354
Hospital after-care visits .. ..	..	514
Home Help Service visits .. ..	..	1,694
All other visits .. ..	..	377
No. of attendances at County Clinics, etc. .. ..	..	5,230
Total No. of families or households visited .. ..	..	20,242

Post Graduate Courses and Student Health Visitors.

During the year 6 Health Visitors attended Post Graduate Courses. Two candidates were selected for training as Health Visitors and obtained their certificates.

SECTION 25—HOME NURSING

It is the duty of the local health authority to provide nurses to attend persons who require nursing in their own homes.

There are 17 whole-time home nurses (2 of whom are males), and 140 who combine home nursing and midwifery duties. The number of cases attended during the year was 19,824 general cases, and the number of visits paid was 347,503.

A great amount of the home nursing care is devoted to the care of patients over 65 years of age, and more than 44% of the cases and 48% of visits paid during the year was to this category of patients.

However, with our present-day knowledge of Geriatrics, our aim is to re-habilitate these patients, and the nursing of them is therefore not so arduous as in the past.

The following table is a summary of the work carried out by the County Nurses during the year:—

<i>Cases attended</i>					<i>Cases</i>	<i>No. of Visits</i>
Medical .. .. .	..	..	..	..	13,110	243,121
Surgical .. .. .	..	..	..	..	5,231	67,617
Infectious Diseases .. .. .	..	..	..	..	46	179
Tuberculosis .. .. .	..	..	..	..	124	3,966
Maternal Complications .. .. .	..	..	..	..	381	2,468
Others.. .. .	..	..	..	..	932	30,152
TOTALS					19,824	347,503

No. of Patients (included in above) over 65 years of age at the time of the first visit	8,642	168,762
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No. of Children (included in above) under 5 years of age at the time of the first visit	1,551	2,672
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No. of Patients (included in above) who had more than 24 visits during the year	2,672	177,062
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Post-Graduate Courses.

Six nurses have attended post-graduate courses during the year, and eleven nurses undertook Queen's District Training.

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Under this Section, local health authorities may, with the approval of the Minister, make arrangements for the prevention of illness, and for the care and after-care of sick or mentally defective persons, and are required to make arrangements to such extent as the Minister directs. At present, the Minister has only issued directions that arrangements be made by local health authorities for the purpose of preventing tuberculosis and for the care and after-care of persons suffering from tuberculosis. Local health authorities are also required to consider the desirability of making arrangements under Section 28 with regard to persons suffering from any other kind of illness.

In accordance with the directions of the Minister of Health, arrangements have been made for the care and after-care of tuberculous persons to be undertaken by Specialists at the Chest Clinics (whose services are now shared by the Local Health Authority and the Regional Hospital Board), the Health Visitors and Occupational Therapists.

Equipment.

During the year I have continued to loan patients home nursing equipment, either from the central stores at my office or from the loan cupboards held by some District Nurses. The present practice is for patients to apply, in the first instance, to the nearest District Nurse to their home and she issues the equipment direct if she has the required item in her loan cupboard. Failing this, she obtains it from one of the Nurses in the same group or, as a last resort, she applies to me for an issue from the central depot. I have found that this is the quickest and most economical way of getting the equipment to the patients' homes and, at the same time, the District Nurse is always able to give advice and help. With such items as dunlopillo mattresses it is only possible to store a few away from the central depot as the Nurses' accommodation is insufficient to provide the necessary storage space.

OCCUPATIONAL THERAPY

During the course of the year considerable difficulty has been experienced in operating this scheme as one of the Therapists resigned and I was unable to fill the vacancy and another Therapist was ill for a considerable period. This meant that for approximately eight months of the year there were only two Therapists on duty. In addition, there was a considerable number of patients on the waiting list at the beginning of the year.

To overcome these difficulties it was decided to reduce the frequency of visits to each patient but to make the visits as long as possible. This meant that a larger number of patients could be visited but that in the time permitted for each visit very few new crafts could be taught. However, a start was made in teaching the simpler forms of jewellery, pewter and twisted wire work. It was also possible to obtain a small amount of work in the form of plaster model painting from a small private concern in the County who only supply out-work to disabled persons. This has, to some extent, stabilised the present service and I hope that next year it will be possible to increase the establishment by one Assistant and, also, fill the vacancy already existing and thereby expand the service.

Following the success of the classes held at Holsworthy in the previous year, an attempt was made to start classes in several areas, including Torquay and Barnstaple, but the attendance was very poor, and it eventually became necessary to abandon the idea in these areas.

During the year, for the first time, mental health patients referred by the members of my Mental Health Section through the patients' General Practitioners, have received therapy. Eleven such cases were referred to my Head Occupational Therapist.

The number of tuberculous cases visited was slightly higher than that of non-tuberculous cases, the greatest proportion of the latter being hemiplegias, arthritics, cardiacs and cases of nervous degeneration.

Postal courses were arranged by the Devon and Cornwall Preparatory Training Scheme for 17 patients. These courses, in addition to keeping up the morale of the patients, has greatly helped towards their return to work. Several persons who had received driving licences were able to secure light work.

Rehabilitation of the tuberculous remains a grave problem as there is virtually little or no light work, apart from that of a seasonal nature, in the County, and there is also often a time lag between the patient being declared fit for work and the actual return to industry. I would like to express my appreciation of the assistance given by Ministry of Labour officials who have been most co-operative in arranging rehabilitation and courses and giving advice.

During the past year the Home Workers' Scheme operated by St. Loyes College has closed down. In the past I was able to refer to them cases who were permanently disabled or who were recovered sufficiently to enable them to obtain employment, but there is now no organised Home Workers' Scheme for non-orthopaedic cases.

Close co-operation exists between members of my Department and the Devonian Orthopaedic Association regarding orthopaedic cases and an informal quarterly case conference has been started to facilitate the discussion of cases on the registers of both my Department and the Devonian Orthopaedic Association.

I am indebted to the Red Cross and St. John Emergency Help Committee, the Forces Help Society, the Women's Voluntary Service, the Association for the Provision of Wireless for the Bed-ridden and the Wing Commander Cheshire Homes for assistance given to various patients on the register of this Authority.

Library Facilities.

The arrangement with the Red Cross and St. John organisations whereby patients are loaned library books and the charges made against the County Council, has continued most satisfactorily and

is proving very popular. An average of 6 books per month are now being supplied to each of 32 patients and, where necessary, special books have been obtained from the London headquarters.

	<i>Tuberculous</i>	<i>Non-tuberculous</i>	<i>Mental Health</i>	<i>Total</i>
No. of cases receiving treatment at beginning of year	169	113	—	
No. of cases referred during year—				
Treated	78	86	8	
On Waiting List	9	14	3	
TOTAL ON REGISTER ..	256	213	11	480

Disposal during year.

Admitted to Sanatoria or Hospital	12	15	—	
Left the County	7	3	—	
Returned to School	3	2	—	
" " Full Employment	43	3	—	
" " Part-time " (Seasonal) 9	9	5	—	
Attending Government Training Courses	7	2	—	
Discontinued Therapy	11	14	—	
Refused Therapy	5	21	1	
Deceased	8	14	—	
Recovered	7	1	—	
Therapy discontinued after period as being no therapeutic value	—	6	—	
Unsuitable for Occupational Therapy	—	22	—	
Transferred to Devonian Orthopaedic Assn. Home Workers' School	—	5	—	
TOTAL	112	113	1	226

Old cases re-admitted.

Sufficiently recovered to resume Occupational Therapy	2	4	—	
Unable to continue Government Training Course on health grounds	2	—	—	
Where seasonal employment ceases in winter	9	5	—	
TOTAL	13	9	—	22

Total cases at end of 1954 (including waiting list)	157	109	10	276
Total visits carried out	1,982	1,852		3,834
Total cases visited	222	176		398
Number of cases using Library		32		
" " " Three Counties Prep. Training Scheme		17		
" " Registered at M. of L. as fit but unable to obtain employment		8		

Preventive, Care, and After-Care Services as a means of controlling Tuberculosis

Barnstaple Area—Dr. A. J. McMillan.

I have no further observations to make to my comments in my 1953 Report except to add under the heading:

Examination of Contacts.

After the initial examination of new contacts, re-examinations are made at intervals of 3—6 months until such a time as it is considered safe to relinquish observation.

B.C.G. Vaccination.

During the course of the year 5 adults and 46 children were vaccinated.

Exeter Area—Dr. G. E. Adkins.

Examination of Contacts.

This has proceeded on the same lines as the previous year.

Notified cases in 1954—131. Number of Contacts first examined—304, re-examined—500. Ratio of contacts per case—2.4:1.

Employment Conditions of Known Cases of Tuberculosis.

There is no change from the previous year. Cases of tuberculosis after treatment are employed in one of three ways:—

- (1) Resume former employment;
- (2) Register as disabled and are found suitable employment by the local Divisional Rehabilitation Officer.
- (3) Undergo rehabilitation at the Bristol Industrial Rehabilitation Unit, St. Loyes College, or as a result of correspondence courses initiated by the Occupational Therapist.

There are few light industries in the area, particularly in the rural parts. There is only one big factory which has a Welfare Officer, who endeavours suitably to re-employ any of its staff who develop tuberculosis.

Follow-Up of Contacts of Cases of Posthumous Notifications.

Such contacts are discovered in co-operation with the General Practitioner concerned, or in exceptional cases, as a result of investigation by the Health Visitor. The number of cases who were not previously known, where such investigation is required, are extremely few.

Employment for Chronic Cases.

There are no special facilities. Where suitable, light work is found through the Divisional Rehabilitation Officer. Some cases do light or part-time work at home, such as leatherwork, basket-making, pottery painting, knitting and needlework.

A survey was made of the Special Group of chronic sputum positive cases. 45 persons were considered to belong to this group:—

	32 Males—Average age 53.
	13 Females—Average age 42.
of these	28 were considered to be unfit for work.
	5 were retired, and did not wish to work.
	6 were wanting suitable employment.
	6 were working as
	Cook
	Barber
	Vicar
	Shopkeeper
	Roadman
	Watchmaker (self-employed at home)

It will be seen that 4 of these were in most unsatisfactory employment, but no means of preventing them, other than persuasion, is available.

Case-Finding Surveys.

These were mainly routine surveys by the Mass Radiography Unit. One area was specially surveyed, owing to a large number of notifications in one village, and as part of the survey, all the local schools were tuberculin tested. One school had a high proportion of reactors in one age group, and was fully investigated without any positive results.

One village school was tuberculin tested and X-rayed on the 5in. x 4in. camera unit, following the discovery of a primary lesion in a scholar without other known contacts. No positive finding resulted.

B.C.G. Vaccination.

This was confined to Contacts and Nurses as follows:—

84 Children, 3 Adults, 71 Nurses.

Suitable contacts of sputum positive cases were relatively few. Many of the children were new babies in the households of known, treated cases.

Plymouth Area—Dr. J. C. Mellor.

Examination of Contacts.

During the year 296 patients (164 adults and 92 children) were first examined at the Clinics. The methods of ascertainment of contacts were those mentioned in my Report for last year.

Employment Conditions of Known Cases of Tuberculosis.

The employment conditions of known cases of tuberculosis are very satisfactory in this area and good liaison exists between myself and the Disablement Rehabilitation Officer. With regard to the provision of employment for chronic cases of tuberculosis, very few places exist, and I am afraid that the facilities for the employment of such patients are very limited in this area. It is possible, and many chronic cases do avail themselves in this way, to find some employment during the tourist season as traffic wardens, etc.

Cases Notified After Death.

Four posthumous notifications were recorded during the year. Investigations were carried out on each of these cases.

Surveys.

One small survey of the Ambrosia Milk Factory, Lifton, was undertaken during the year—this as a result of an active case discovered during 1953. Apart from this, there has been no survey of interest to the Plymouth Clinical Area during the year.

It is hoped that the new unit proposed for the area will be able to screen certain black spots—further emphasis was made in this direction at a meeting of chest physicians and medical directors of Mass Radiography Units, called by the County Medical Officer of Health in November, 1954.

B.C.G. Vaccination.

During the course of the year 319 persons, of whom 314 were under 15 years of age, were vaccinated. No Nurses were vaccinated during the year.

Torquay Area—Dr. W. E. B. Lloyd.

Examination of Contacts.

Every effort is made to make the contact survey as comprehensive as possible, not only in the household, but also at the patients' place of work. Where a patient has worked in a large factory, shop, office or school, the Mass Radiography Unit has been asked to cover

the body of the contacts concerned. In general the household contacts are examined at the Chest Clinics. Without the help of the Mass Radiography Service these contact examinations could not but fall into arrears. Extra help in contact X-rays has been undertaken by the radiographic department of Newton Abbot Hospital. The private practitioners are always notified of the result and during the present year we have begun to inform them of any failures to attend for X-ray, so that the doctors' help is enlisted in trying to round up defaulters. Special contact sessions are held—five per month—when contacts, particularly children, can attend without danger of meeting known or suspected cases of tuberculosis at the clinic.

Table. X-ray Examinations of contacts (other than mass radiography attendances).

First examinations	561
Repeat examinations	569
Total	1,130
Refusals or failures to attend	381

Employment Conditions of Known Cases of Tuberculosis.

Unless conditions are ideal—which they seldom are—every effort is made to dissuade chronic sputum positive patients from taking up employment. Those who have been made sputum negative by treatment have regular sputum tests (with culture for *M. tuberculosis*) whenever they admit to having cough and sputum. None the less there is still a small number of sputum positive cases who continue at work under conditions where there is a real risk to others, and, with the law as it is, persuasion is the only way of stopping them (except in the milk trade). The co-operation of the District Rehabilitation Officer is sought in placing patients in employment suited to their state of health. Facilities for training in various crafts and trades are available, but one has to consider whether it is worth while to send patients for such training unless there is a reasonable likelihood of their obtaining such work in the districts where they live. Suitable cases are recommended for admission to Papworth or Enham-Alamein Village Settlements. It must be emphasised that it is far from easy to find suitable work for sputum positive cases and some of these are permanently unemployed.

Post Mortem Notifications.

The certifying doctor is asked for particulars, especially about the activity and infectivity of the case and all the household contacts are offered X-ray check. If the dead patient is a visitor from another area, the Medical Officer of Health of the district where the patient lived is at once informed of the circumstances.

Provision of Employment for Chronic Cases.

See above.

Case-Finding Surveys.

There have been campaigns along two main lines. Firstly requests for the Mass Radiography Unit to cover large groups of persons in which pulmonary tuberculosis had been found. In this way special visits of the unit covered four large schools and a special survey (done at Plymouth) covered another big educational institution. In one of these the probable source of infection was traced and treated. Two large commercial firms were also covered in the same way. These visits were over and above the normal routine activity of the Unit in the district.

The second method of case-finding, started in 1954, was by tuberculin testing all school entrants at five years old. Where a positive was found, the child in question was sent for X-ray and his brothers and sisters also tuberculin tested. Where more than one young child in a household was found positive it was recommended that the adults in the house should be X-rayed. It is too early to give figures for this campaign for by the end of 1954 the scheme had been in operation only a few months.

B.C.G. vaccination was offered to all tuberculin negative children of all known cases, including new-born children, as well as to any nurses or medical students found to be skin negative. During the year 80 children had B.C.G., 66 converted to positive by the end of the year, the others not being due for retesting until later. Nine adults were also vaccinated.

Memorandum by Dr. R. L. Midgley, Senior Chest Consultant, Exeter Clinical Area, on the Progress of Tuberculosis Control in the Administrative County of Devon from 1938 to 1954

The basis of this memorandum is a comparison of the cases of tuberculosis notified in 1938, 1952 and 1954 in the administrative County of Devon.

<i>Year</i>		<i>Population</i>	<i>Cases Notified</i>	<i>Deaths</i>	<i>No. on Register</i>
1938	..	460,700	533	247	2,442
1952	}	504,300	298	87	3,132
1954	}	..	362	65	3,498

The figures in the annual reports of the County Medical Officer show that the decline in notifications has been a steady and continuous one, apart from a temporary rise in the first years of the second world war, and during the past two years since the arrival of Mass Radiography.

The decrease in the number of notifications is not due to any slackening in effort at case-finding; indeed it has occurred despite a more intensive effort. The number of patients examined for the first time at the chest clinics has increased from 1,527 in 1938 to 3,835 in 1954. Contact examinations and re-examinations increased from 3375 in 1938 to 5100 in 1954. Mass radiography, which did not exist in 1938, was an additional case-finding agent in 1954, when it examined 9,093 persons.

Analysis of 140 Cases Notified in 1938 in which adequate Clinical Records are available.

	Male (61)	Female (62)	Children (17)
Respiratory ..	55	54	3
Non-Respiratory	6	8	14

Distribution by Age Groups

	Male	Female	Total
0 — 14 ..	8	9	17
15 — 24 ..	6	19	25
25 — 34 ..	22	19	41
35 — 44 ..	14	13	27
45 — 54 ..	11	2	13
55 — 64 ..	6	2	8
65+ ..	1	4	5

Classification of 112 Respiratory Cases

	Male	Female	Children	Total
TB. Minus ..	21	27	2	50
R.B.1. ..	4	5	—	9
R.B.2. ..	10	12	—	22
R.B.3. ..	20	10	1	31

Of the TB. Minus group, 18 were found, after further investigation, not to be suffering from tuberculosis, leaving 32 tuberculous cases in this group.

Analysis of 234 Cases Notified in 1952 in which adequate Clinical Records are available.

	Male (116)	Female (93)	Children (25)
Respiratory ..	106	85	13
Non-Respiratory	10	8	12

There is a small proportionate increase in adult males to females as compared with 1938. The proportion of children is also less, but there is a considerable increase in the number of pulmonary cases which reflects the increased drive to examine child contacts both in the home and at school.

Distribution by Age Groups

	<i>Male</i>	<i>Female</i>	<i>Total</i>
0 — 14 ..	12	13	25
15 — 24 ..	33	32	65
25 — 34 ..	17	34	51
35 — 44 ..	24	12	36
45 — 54 ..	16	9	25
55 — 64 ..	17	2	19
65+ ..	9	4	13

The effect of the national service medical examinations is reflected in the increase of males in the 15—24 group with the corresponding drop in the number notified in the succeeding decade. In accordance with the findings in the country as a whole there is a marked increase in the proportion of males to females aged 45 and over.

Classification of 204 Respiratory Cases

	<i>Male</i>	<i>Female</i>	<i>Children</i>	<i>Total</i>
TB. Minus ..	28	29	8	65
R.B.1. ..	20	15	1	36
R.B.2. ..	27	21	1	49
R.B.3. ..	31	20	3	54

Comparison by Percentages of this Table with the corresponding one for 1938.

	1938	1952	<i>Difference</i>
TB. Minus ..	35	31	—4
R.B.1. ..	9	18	+ 9
R.B.2. ..	24	24	—
R.B.3. ..	32	27	— 5

It will be seen that the increase in R.B.1 cases is made up by almost equal contributions from the TB. Minus and R.B.3 groups. This reflects the improved bacteriological methods and the success of the efforts to find cases while the disease is still in its early stages.

Posthumous Notifications.

- Criticism of the value of primary notifications as a true index of the amount of tuberculosis in a community has been made on the grounds that an unknown number of sufferers escape notification and the number of cases notified after death is quoted as evidence.

The validity of this argument, so far as the state of affairs in the Administrative County, has been tested by an investigation into the posthumous notifications for 1953 and 1954.

The number of posthumous notifications was 56. It was found that 14 had, in fact, been notified. The circumstances of the remaining 42 were:—

17 known to the chest physicians and considered not to be suffering from active tuberculosis.

9 died from other causes. Tuberculosis discovered as a result of post-mortem examination. In 6 the tuberculosis was considered to be active and in 3 inactive.

6 were known to have tuberculosis but were not notified. All were in hospitals or nursing homes and should have been notified.

2 were sudden deaths in persons on holiday in Devon.

4 were newly come to live in the county. All were seriously ill and died while the diagnosis was being established.

2 were recluses who were found dead.

1 whose diagnosis seems scarcely substantiated by the available evidence.

1 of whom the diagnosis was incorrect.

From the foregoing analysis it would seem that there were 6 known but un-notified cases of active tuberculosis. More attention to the regulations should have prevented these notification failures but appropriate action in regard to contact examination and other public health measures had been taken in these cases. There were 14 cases of active disease unknown during life but, of these, 4 were suspected but died before the diagnosis had been confirmed. In the remaining 10 tuberculosis was found after death as a factor, overshadowed by other diseases in 6 cases. The last 4, 2 recluses and 2 holiday-makers, present circumstances beyond our control. If the ratio of living to dead persons in this group is the same as in the notified group, then it would seem that there may be something in the order of between 600 and 700 unknown sources of human tuberculous infection in the administrative county.

The increase in the total numbers on the tuberculosis register is the excess of additions to the register over the removals from it. The additions are the new notifications and transfers from other areas. The deletions are the result of death, recovery, and transfer to other areas. The transfers in and out have kept fairly constant and have little effect on the total. It is changes in the number of new cases and in mortality and survival rates which really influence the size of the register.

Reference to the first table will show that, although both new notifications and deaths declined between 1938 and 1954, the decline has been more rapid in the deaths than in the new cases in the proportion of one death to two notifications in 1938 and one death to six notifications in 1954.

The majority of deaths occur within five years of notification. On the other hand the survivors who represent five-sixths of the new notifications in 1954, as against only half in 1938, remain on the register until their disease has been inactive for five years. Thus the numerical strength of the register does not reflect the qualitative composition of the register. The 2,442 in 1938 contained a higher

proportion of deteriorating cases and a lower one of improving cases than the 3,498 of 1954.

There is no reason why the emptying of the pool of infectious cases by death or recovery should not continue at least at the present rate, and, if the replenishment by new cases continues to decline, a time can be envisaged when the total numbers of tuberculous persons will begin to fall.

JELLY TESTING

In September of 1954 arrangements were made to jelly test all the 5-year-old children throughout the following scholastic year. This was done by arranging for the jelly to be applied by the Health Visitors two days before the medical inspection and the jelly test was read by the School Medical Officer at the inspection. Arrangements were made for all cases found positive to the jelly test to be X-rayed, and although some cases were kept under observation, no child was found to be suffering from tuberculosis in an infectious form.

The jelly testing was arranged to take place about eight weeks before the visit of the Mass Radiography Unit in the vicinity, which gave an opportunity for the Health Visitors to visit the families of the positives, so as to persuade them to attend for Mass Radiography when the Unit arrived.

It is thought that by following this method we may be enabled to trace cases of tuberculosis in the community which may, unknown to themselves, require treatment. It is hoped to extend the testing to further groups of children in the years to come.

MASS RADIOGRAPHY SERVICE

Two Mass Miniature Radiography Units from Bristol and one from Plymouth operated by the South Western Regional Hospital Board, have attended various areas in the County during the year. The response to their appeal for volunteers has continued to be satisfactory. Attendances are assisted wherever possible by the co-operation of the Assistant County Medical Officers, Health Visitors and District Nurses on my staff.

I should once again like to express my appreciation to the Hospital Board for taking the Units, at my request, to Schools where tuberculosis among children or staff had been found.

There is no doubt at all that the visits of these Units are of great assistance in the prevention and control of chest diseases and every effort will be made by my Department to afford every facility in this direction.

I am indebted to the Medical Directors of the Units for the following information regarding their visits in the Administrative County.

The Plymouth Unit—Dr. G. Sheers.

The following figures summarise the work of the Plymouth Unit in the County of Devon in the year ended 31st December, 1954.

<i>No. of persons examined</i>			<i>Incidence of active pulmonary tuberculosis</i>		
<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
1,656	1,662	3,318	3	5	8
			(.18%)	(.3%)	(.24%)

Visits were paid to the following centres:—

	<i>No. Examined</i>	
Ambrosia Milk Factory, Lifton	124
Dartmouth	1,272
Barnstaple Grammar School	125
Ashwater	270
Holworthy	1,427

In addition to these, many County residents and school children were examined during surveys in Plymouth and Exeter.

The Bristol Units—Dr. P. Hollis. Review of the Year's Work.

Considerably less Mass Radiography was carried out in Devon by the Bristol Units in 1954 than in the previous year. The reason for this was the expected advent of a new Unit, designated to work chiefly in the Devon and Exeter areas. Consequently the programme was restricted to two types of surveys, firstly, emergency visits to schools and institutions where a case of tuberculosis had occurred, and secondly, special visits to areas not covered before, such as Uffculme, Lynton, Sidmouth and Brixham.

The incidence of active tuberculosis discovered at 2. cases per 1,000 examinees, is lower than the previous year, but the figures are too small to draw any valid conclusion, especially in view of the selective nature of the programme carried out.

Co-operation from the Public Health Department, and Chest Clinics was again excellent, and much of the credit for the good response at all visits is due to their efforts and teamwork.

TABLE I
ANALYSIS OF EXAMINATIONS COMPLETED

	Miniature Films	Recalled for Large Films	Failed to Attend for Large Films	Normal Large Films	Total Abnorm- alities Detected	Non- Tub. Condi- tions	Cases of Active Pulm. Tub.	Incidence % of Active Pulm. Tub.	Cases of Inactive Pulm. Tub.	Cases Still Under Invest- igation
MALE	2973	238	4	74	141	55	4	.134	82	19
FEMALE	2802	204	5	90	102	42	8	.285	52	7
TOTAL	5775	442	9	164	243	97	12	.207	134	26

TABLE II

INCIDENCE OF PULMONARY TUBERCULOSIS

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Persons examined by Miniature Films ..	2,973	2,802	5,775
Cases of Active Pulmonary Tuberculosis	4	8	12
Incidence of Active Pulmonary Tuberculosis % .. .. .	.134%	.285%	.207%
Cases of Inactive Pulmonary Tuberculosis	82	52	134

PRIMARY TUBERCULOSIS

Included in the above cases of Pulmonary Tuberculosis were the following:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Active Primary Lesions	—	1	1
Inactive Primary Lesions	23	13	36

TABLE III

ANALYSIS OF NON-TUBERCULOUS CONDITIONS

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Abnormality of the Bony Thorax ..	9	10	19
Acquired Cardio Vascular Disease ..	9	7	16
Bronchitis and Emphysema	10	9	19
Bronchiectasis	4	3	7
Benign Intrathoracic Neoplasm	1	—	1
Basal Fibrosis	5	5	10
Eventration of the Diaphragm	1	1	2
L. Pneumonectomy and Thorocoplasty ..	1	—	1
L. Pneumonectomy	1	—	1
Old Lobectomy	1	—	1
Pulmonary Fibrosis	1	—	1
Pneumoconiosis	2	—	2
Pneumonitis	3	1	4
Pleural Thickening	6	—	6
Silico Tuberculosis	1	—	1
Hiatus Hernia	—	1	1
Carcinoma of the Bronchus	—	1	1
Retrosternal Goitre	—	1	1
Retrosternal Thyroid	—	3	3
TOTAL	55	42	97

TABLE IV
DETAILS OF CENTRES VISITED

<i>Date</i>	<i>Centre</i>	<i>No. of Persons Examined by Miniature Films</i>		
		<i>Male</i>	<i>Female</i>	<i>Total</i>
1954				
<i>Jan.</i>				
22—29	UFFCULME	444	431	875
29—5 F.	SIDMOUTH	295	365	660
<i>June</i>				
3— 8	Stover Polish Hostel, NEWTON ABBOT	246	279	525
9—10	St. Luke's Hall, TORQUAY ..	348	256	604
11—16	TORBAY HOSPITAL—Torquay Grammar School	383	12	395
11—16	TORBAY HOSPITAL (excluding Torquay Grammar School)	114	338	452
17—18	The Scala Hall, BRIXHAM ..	476	532	1,008
23—26	Town Hall, LYNTON	272	359	631
<i>Sept.</i>				
29—30	NEWTON ABBOT GRAMMAR SCHOOL	211	214	425
<i>Dec.</i>				
9	BIDEFORD GRAMMAR SCHOOL..	184	16	200
	TOTAL	2,973	2,802	5,775

SECTION 29—DOMESTIC HELP (Home Help Service)

Under this Section domestic help is provided where it is considered necessary, within the meaning of the Act, and a charge is made towards the cost of the Service according to the means of the applicant. The Women's Voluntary Services now operates the Home Help Service in the following areas:

Axminster	Okehampton
Barnstaple	Paignton
Bideford	Sidmouth
Brixham	Tavistock
Dartmouth	Teignmouth
Dawlish	Torquay
Ilfracombe	Totnes Borough
Malborough and Salcombe	Totnes Rural
Newton Abbot	
(urban and rural)	

The remainder of the County is covered by application direct to the Medical Department and referred to Health Visitors and District Nurses for supervision.

During the year, in spite of a wages increase to Home Helps, the W.V.S. local Organisers have co-operated splendidly in controlling the Service with the result that it has been maintained at the highest possible level whilst operating within estimated expenditure. A quota system, introduced in April, has proved helpful in assessing the needs of individual areas and much useful knowledge has been gained which should prove helpful in allocating the resources for the next financial year. I should like to record my deep appreciation of the work of all the local W.V.S. Organisers and their helpers who are devoting so much of their time to the Home Help Service and for their continued efforts which enable the Service to run smoothly and at the fullest capacity.

On 31st December, 2 full-time and 227 part-time Home Helps were employed by the County Council, and all other Home Helps (108) were engaged on a case basis.

During the year the following 1,618 cases have been dealt with:—

	<i>Maternity</i>	<i>Tuber- culosis</i>	<i>Chronic Sick including aged/infirm</i>	<i>Others</i>	<i>Total</i>
Areas operated by W.V.S.	153	27	672	313	1,165
All other areas	156	20	214	63	453
TOTALS	309	47	886	376	1,618

SECTION 26—VACCINATION AND IMMUNISATION

Vaccination against Smallpox.

As from the 5th July, 1948, the Vaccination Acts which made vaccination compulsory ceased to operate, but the provision of vaccination facilities became the responsibility of the Local Health Authority.

During the year the vaccinations undertaken are as set out below:—

	<i>Under 1 year</i>	<i>Over 1 year</i>	<i>Re- vaccination</i>	
Undertaken by Assistant County Medical Officers	492	333	3	} 5,407
Undertaken by General Practitioners	1,471	1,817	1,291	

Diphtheria Immunisation.

Under the National Health Service Act, 1946, immunisation became the responsibility of the County Council.

The numbers of children dealt with under the Health Committee's scheme were as follows:—

	<i>Primary</i>		<i>Reinforcing Injections</i>	
	<i>Pre-School Children</i>	<i>School Children</i>		
Undertaken by Assistant County Medical Officers	1,288	669	7,522	..... 14,153
Undertaken by General Practitioners	3,577	290	807	

SECTION 27—AMBULANCE SERVICE

Trend.

As was foreseen in my last report the tendency for the numbers of patients and journeys to increase has persisted. This increase is shown in the following figures:—

	<i>Year 1953</i>	<i>Year 1954</i>	<i>Comparison</i>
<i>Ambulances</i>			
Journeys	33,262	31,459	— 1,803
Patients	39,531	39,621	+ 90
Mileage	610,817½	630,876½	+ 20,059
<i>Hospital Cars</i>			
Journeys	40,758	45,113	+ 4,355
Patients	63,724	73,399	+ 9,675
Mileage	1,302,690	1,442,621½	+ 39,931½
<i>Hired Cars</i>			
Journeys	1,264	1,102	— 162
Patients	1,534	1,401	— 133
Mileage	18,165	17,079½	— 1,085½

534 patients were carried by rail during the year.

It is sincerely to be hoped that the local surveys, carried out under the terms of Ministry of Health Circular 7/54, will have the effect of curtailing the demands made on the Service by the Hospitals. I understand that the results of these surveys will be promulgated early in the New Year.

SECTION 51—MENTAL HEALTH SERVICE

The duties of the Local Authority under the National Health Service Act, 1946, concerning mental health are:—

“ Mental Treatment. The appointment of officers duly authorised to take initial proceedings in providing care and treatment for persons suffering from mental illness. (Lunacy and Mental Treatment Acts, 1890—1930 as amended by National Health Service Act, 1946.)

Mental Deficiency. The duty of ascertaining what persons in the area are defectives; providing suitable supervision or taking steps to secure that the defectives are placed under institutional care or guardianship; and securing training or occupation for those not in institutions. (Mental Deficiency Acts, 1913—1938.)

Generally. The power, and, to the extent that the Minister directs, the duty to make arrangements for the prevention of illness, care and after-care of persons suffering from mental illness or defectiveness. (Section 28, National Health Service Act, 1946.)”

In accordance with the Ministry of Health Circular this report should include information on the following matters:—

(i) *Administration.*

(a) Constitution and meetings of Mental Health Sub-Committee.

The Mental Health Sub-Committee consists of 12 members of the Health Committee being members of the County Council and 3 persons nominated by the Devon & Exeter Association for Mental Health. Meetings are held quarterly.

(b) Number and qualifications of staff employed in the Mental Health Service (Medical Officers and Social Workers in Mental Health / Duly Authorised Officers, Occupation Centre Supervisors, Home Teachers, Child Guidance Clinic Staff, etc.).

Medical Adviser in Mental Health.

Christina J. McLeay, M.B., Ch.B. (Edinburgh).

Duties:—To administer the Mental Health Services under the direction of the County Medical Officer, this includes:—Administration of the School Medical Department for Educationally Subnormal and Maladjusted Children, including supervision of Hostels for Maladjusted Children—special examinations, etc.

Examination and ascertainment of adult Mental Defectives, statutory visits under Section 76 (1) of the Mental Deficiency Regulations, 1945, supervision of Occupation Centres and Clubs run by the Devon County Council. supervision of Mental Health Section staff.

Psychologist.

Miss M. E. Yeo, M.A. (Oxon). This Officer left the service of the County Council on the 31st August, 1954, having been granted leave of absence without pay for a period of three years, in order to take a Course in Psycho-therapy.

Miss I. Herzberg, B.A. Hons. (Psychology). Appointed as temporary Psychologist on the Medical Department staff for a period of two years in the first instance, commencing 1st September, 1954.

Senior Social Worker in Mental Deficiency.

Miss J. H. MacMichael.

Senior Social Worker in Mental Health.

Mr. L. H. Jenkins, (Diploma in Social Studies and Mental Health Certificate).

Psychiatric Social Workers in Child Guidance.

Mrs. H. Jaspan (Diploma Social Studies and Mental Health Certificate).

Mr. P. J. Rose (Certificate in Social Science and Mental Health Certificate).

Social Worker in Child Guidance.

Miss F. M. Dickinson, (Diploma of the School of Sociology). Carried out duties as a part-time Social Worker in Child Guidance from 26th April, 1954, to the 28th August, 1954, during the absence of Mrs. Jaspan on maternity leave.

Social Workers in Mental Health/Duly Authorised Officers.

Mr. G. A. J. Cheesley.	Mr. H. S. Smith.
Mr. N. S. Coombs.	Mr. D. L. Rugg, (Diploma in Social Administration, University College of the South West, Exeter).
Mr. W. J. Gliddon.	Mrs. M. Mann, (Diploma in Social Studies, Birmingham University).
Mr. J. W. Stacey.	Miss A. Griffin, (Diploma in Social Studies, Nottingham University).
Mr. D. J. Winter.	
Miss O. F. Evans.	

<i>Home Teachers</i>	<i>Area</i>
Miss B. M. Dunstan	South Devon.
Miss M. A. Bartlett (Died 9.9.54)	Mid and East Devon.
Miss D. Chestnutt	North and West Devon.

It is with great regret that I have to report the death of Miss M. A. Bartlett on 9th September, 1954. She was an excellent teacher, much loved by her pupils. So far we have been unable to secure a suitable successor.

Approval has now been given for the appointment, at the beginning of the next financial year, of an additional Home Teacher for the Tavistock area.

Occupation Centre Supervisors.

Miss M. H. Yaxley	Barnstaple.
Mrs. W. Ball	Torquay.
Miss J. Lean	Plymstock.

Miss J. Lean resigned her appointment and her services with the County Council ceased on the 30th September, 1954.

Occupation Centre Assistant Supervisors.

Miss M. Kenneally	Torquay.
Mrs. E. Lean	Plymstock.
Miss P. A. Slee	Barnstaple.

Miss P. A. Slee was married on the 21st April, 1954, and her married name is now Mrs. P. A. Andrew.

Mrs. Lean acted as Supervisor of Plymstock Occupation Centre with the help of a young temporary assistant, Miss R. Farr, until Miss Granger took up her appointment as Supervisor.

Miss E. L. Granger, was appointed Supervisor at the Plymstock Occupation Centre and commenced duties on the 13th December, 1954.

- (c) Co-ordination with Regional Hospital Boards and Hospital Management Committees. (Joint use of officers; supervision of patients on trial or on licence from Mental Hospitals and Institutions for Mental Defectives, etc.)

Although there are no joint user arrangements, we have continued close co-operation with the Regional Hospital Board and the Hospital Management Committees. The Senior Social Worker in Mental Health has maintained full liaison

with the Medical Superintendents at the Mental Hospitals (including Out-patients Clinic) and consults them immediately about any case in which it is anticipated that special assistance may be required.

All our Social Workers in Mental Health collate the material for a detailed Social History, for the confidential information of the Medical Superintendents, on almost every patient who is admitted to a Mental Hospital in Devon. Contact is maintained with patients after discharge from hospital for such period as may be considered in the best interests of the individual concerned. During this time every assistance is given to the patient, under the guidance of the Psychiatrist, towards helping him resolve his problems and achieve a reasonable measure of stability within the community.

Reports on progress are sent regularly to the Medical Superintendents and, where desirable, the Social Worker will transport a patient to the Psychiatric Out-patient Clinics for consultation and treatment.

Joint Usership re Mental Deficiency.

The Social Workers in Mental Health/Duly Authorised Officers supervise patients on licence in Devon from Certified Institutions in other hospital groups in the South West Region, but the Royal Western Counties Institution, Star-cross, carry out their supervision by their own Officers. On behalf of the Royal Western Counties Institution Group the Local Authority visit the homes of patients whose parents have applied for holiday leave and reports are made on the home conditions. This form of co-operation between the Local Authority and the Institution Hospital Group is of mutual advantage.

(d) *Duties delegated to Voluntary Associations.*

The Club run by the Devon & Exeter Association for Mental Health, which ceased to function, recommenced on the 5th March, 1954, and accordingly the Council commenced payment of their agreed contribution of £7 10s. 0d. per calendar month.

The Club meets on Friday afternoons from 2—4 p.m. under the supervision of Miss Sinclair-Lewis at the Congregational Sunday School, The Strand, Barnstaple. There are, at present, 8 on the roll.

- (e) *Whether arrangements have been initiated for the training of Mental Health Workers.*

At present there is not a full-time Trainee Social Worker, but we continue to co-operate closely with the University College of the South West, Exeter, by providing practical administrative and case-work experience for two students on one day weekly during the three terms.

- (ii) *Account of work undertaken in the community.*

(a) Under Section 28, National Health Service Act, 1946, Prevention, Care and After-care.

(b) Under the Lunacy and Mental Treatment Acts, 1890—1930, by Duly Authorised Officers.

We have ten officers (7 men and 3 women), who are described officially as "Social Workers in Mental Health" because we wish to emphasize that, in addition to their wide range of responsibilities for (a) Community Care, and (b) Statutory Duties as Duly Authorised Officers, they have a positive opportunity within their areas of helping to create a well informed public opinion on the facilities now available for the prevention, care, and after-care of mental illness. A considerable number of Voluntary patients are taken to the Hospitals by our Social Workers, all of whom have a good relationship with the general medical practitioners. Whenever possible, the same Social Worker who has arranged the admission of a patient assists also towards rehabilitating him in the community after treatment.

The Senior Psychiatric Social Worker reviews and advises on cases presenting special problems with the Social Worker concerned; every effort is made to ensure that the most effective help is available to the patient, and we welcome the co-operation of other statutory and voluntary services.

The following are short illustrations typical of work done:—

Case 1.

A young mother of three young children, was referred to us because of her suicidal tendencies. Her husband had died as a result of an industrial accident ten days before the birth of the youngest child, and she was soon harassed by the problem of providing essential needs for herself and the children. In addition, she had the delusion that the neighbours

were criticizing her for neglecting her home and the children, and she became obsessed with the idea that she had a cancer.

She received treatment as a Voluntary Patient in a Mental Hospital for two months, and on returning home our Social Worker was able not only to help her obtain financial assistance, clothing, and other comforts, but also gave her practical help in planning the household economy, and in clearing an accumulation of small accounts which had caused her much anxiety.

There was a tendency in the locality to regard this woman as an unstable person who had created a problem family, but she has responded remarkably well to the support of our sympathetic and understanding Social Worker. There is little doubt that she has regained a measure of stability which will enable her to make a happy home for herself and the children.

Case 2.

This married woman with four children is separated from her husband. She became greatly depressed by the complications arising from her husband's selfish and irresponsible behaviour, and eventually she made an attempt at suicide.

She received treatment for several months in a Mental Hospital. During this time our Social Worker was able to enlist the help of several local agencies, who supplied her with essential equipment for a house which was made available to her by the local Council—the first real home this woman and her children had ever known.

Our Social Worker still visits the home at regular intervals because this woman will need constant reassurance and guidance before she is able to cope adequately with her domestic problems.

(c) *Under the Mental Deficiency Acts, 1913-1938.*

- (i) Arrangements for ascertaining Mental Defectives and statistics at the end of the year, including number of defectives awaiting vacancies in Institutions at the end of the year.

Mental Defectives are ascertained by the Medical Adviser in Mental Health and the Assistant County Medical Officers who have been approved for this purpose. Cases are brought to our notice through various agencies, including

Private Practitioners, Hospital Almoners, Probation Officers, National Assistance Board, Children's Officer, Health Visitors, School Nurses, parents and relatives, etc.

The number of Defectives awaiting vacancies in institutions, on 31.12.54, amounted to 21 males and 4 females, of which 11 boys and 3 girls were under the age of 16 years. Of these cases 11 were considered urgent.

(ii) *Guardianship and Supervision.*

There are 49 Guardianship cases including 8 belonging to other authorities residing in the County of Devon.

There were six *new* cases placed under Guardianship during the year; these were recommended by the Royal Western Counties Hospital Management Committee and Varying Orders were made—they were all Devon cases.

There were five discharges from Guardianship (including 1 belonging to Somerset County), and 2 patients died, (1 belonging to Croydon County Borough Council). Of the discharges, 4 were discharged absolutely and 1 had a Varying Order made admitting him to an institution.

The cases are visited in accordance with Section 76 (1) of the Mental Deficiency Regulations, 1948, by the Medical Adviser in Mental Health at least once per annum and more often if considered necessary. The cases are supervised by the Social Workers in Mental Health who visit at least once every quarter. Of these Guardianship cases 3 Devon patients are residing outside the County. There are 7 cases on licence from Guardianship who are in employment.

(iii) *Arrangements for carrying out the Statutory duty to provide occupation and training for defectives in the area.*

The three Occupation Centres at Torquay, Barnstaple and Plymstock continue to train young defectives, and in addition we have been able to make provision for 4 to attend the Exeter City Occupation Centre; all these centres are doing excellent work. For those children unable to attend the centre by reason of distance, or other handicap, we arrange for teaching in their own homes, but owing to the distribution of cases we are only, at present, able to give the majority one home tuition per fortnight. The Home Teachers also visit adult defectives, including cases under Guardianship. There are larger group classes arranged in 3 areas, Tavistock,

MENTAL DEFICIENCY ACTS

The following information indicates the manner in which patients were dealt with during the year ended 31st December, 1954.

Place of Safety Certificates issued	16
Total remaining under Place of Safety	1
Petitions presented and Orders made	50
Discharged from the provisions of the M.D. Acts	49
Total number of Mental Defectives who have died	32
Total number of M.D. patients transferred	10
<i>Guardianship Cases.</i>	
Devon County Council (In County)	38
Devon County Council (Out County)	3
Belonging to Other Authorities, residing in the County of Devon and supervised by the County Medical Officer	8
Number of cases of all types examined by Dr. Christina J. McLeay, Medical Adviser in Mental Health	188
On the 31st December, 1954, the total number of cases under Order, including Guardianship cases and patients "on licence" from Institutions, amounted to	1,042
Number of Devon Certified M.Ds. due for reconsideration in respect of whom Home Condition Reports were submitted	214
Number of Other Authorities' cases in respect of whom Home Condition Reports were submitted	34
Number of patients placed under Statutory Supervision	89
Number of patients removed from Statutory Supervision	37
On 31st December, 1954, the total number of patients remaining under Statutory Supervision amounted to (231 males, 189 females).	420
On 31st December, 1954, the total number of patients under Voluntary Supervision amounted to (215 males, 261 females.)	476
Total number of visits in connection with all types of defectives	3,957
Number of patients awaiting vacancies in Institutions (21 males, 4 females.)	25
Number of cases attending Occupation Centres	53
Barnstaple	20
*Exeter	4
Plymstock	9
Torquay	20
*By arrangement with the Exeter Local Health Authority.	
Total number of pupils receiving Home Teaching on 31.12.54	78
Total number of lessons by Home Teachers during the year	1,830

CHILD GUIDANCE

Attendances at Child Guidance Clinics during the year—1,468.

	<i>New Cases seen</i>	<i>Old Cases seen</i>	<i>Attendances for reexam. and treatment.</i>
113, Boutport St., Barnstaple	31	21	10
Bull Meadow Rd., Exeter ..	57	75	475
Castle Rd., Torquay ..	78	111	463
*Rowe St., Plymouth ..	26	7	114
TOTALS	192	214	1,062

*By arrangement with Plymouth City Local Health Authority.

Cases under care and treatment in the Hostels for Maladjusted Children on the 31st December, 1954 ..	28
Crichel Hostel, Totnes ..	10
The Gables, Willand ..	18
Number of cases examined in Ashburton Remand Home	3

HANDICAPPED PUPILS AND SCHOOL HEALTH SERVICE REGULATIONS, 1945

During the year, the following Ascertainment examinations and recommendations, have been sent to the Chief Education Officer, on Form S.H.97/M.H.:—

Educationally subnormal	115
Maladjusted	20
Number of cases recommended to the Education Committee for Report to the Local Authority:—	
Under Section 57 (3) of the Education Act, 1944	35
Under Section 57 (4) of the Education Act, 1944	—
Under Section 57 (5) of the Education Act, 1944	63
Cases actually reported by the Education Committee to the Local Authority:—	
Section 57 (3) of the Education Act, 1944 ..	31
Section 57 (4) of the Education Act, 1944 ..	—
Section 57 (5) of the Education Act, 1944 ..	55
Cancellations under the Education (Miscellaneous Provisions) Act, 1948	1

Educationally Subnormal Children:—

<i>Res. Special School</i>	<i>Day Special School</i>	<i>S.E.T. in Ordinary S.E.T.</i>	<i>Ordinary Class without</i>	<i>Home Tuition</i>	<i>Total Number</i>	<i>Total No. remaining in Category on 31.12.1954</i>
91	6	15	1	2	115	583

On the 31st December, 1954, the number of pupils in Residential Special Schools were 127

Bradfield House, Cullompton ..	74
Maristow House ..	26
Withycombe House, Exmouth ..	10
Other Special Schools ..	17

JUVENILE DELINQUENCY

Nineteen cases were examined and tested at the request of Magistrates Courts and 4 other cases were dealt with at the request of Probation Officers.

LUNACY AND MENTAL TREATMENT ACTS

Admissions.

Certified Cases (Section 16, Lunacy Act, 1890)	..	131
Certified Cases (Private) (Section 16, Lunacy Act, 1890)	..	1
Voluntary Cases (Section 1, Mental Treatment Acts, 1930)	..	403
Voluntary Cases (Private) (Section 1, Mental Treatment Act, 1930)	..	15
Temporary Cases (Section 5, Mental Treatment Acts, 1930)	..	5
Temporary Cases (Private) (Section 5, Mental Treatment Acts, 1930)	..	—
Urgency Cases (Section 11, Lunacy Act, 1890)	..	—
Urgency Cases (Section 20, Lunacy Act, 1890)	..	272
Urgency Cases (Section 21, Lunacy Act, 1890)	..	22
Total Admissions to Mental Hospitals	..	849
Total Number of Visits entailed	..	2,375

Discharges.

Discharges from Mental Hospitals	..	626
Deaths in Mental Hospitals	..	173

After-Care.

Total Number of After-Care Visits made during the year	3,098
Total Number of Cases receiving After-Care on 31.12.54	718

Psychiatric Clinics.

Number of Appointments arranged	..	292
Number of Patients who actually attended	..	185

Advisory Cases.

Number of Cases in which advice has been given	..	664
Visits and Interviews entailed	..	949
Number of Advisory Cases at the end of the year	..	44

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

The number of families under special supervision because of some neglect in the home has increased to 79. This figure does not really indicate that neglect is increasing but is in a real measure due to the fact that several years of special supervision are necessary before the possibility of harm to the children has been averted. Previously there would have been a diminution in numbers owing to the children of some of these families being taken into care, and

only relatively rarely is this now happening. Furthermore some previously borderline families have come onto the Register usually as a result of an increase in the number of children finally overwhelming the parents' abilities to care adequately for their families. There are also a few families under this category which have transferred into and transferred out of the County.

The Health Visitor and the Home Help continue to be of paramount importance in keeping families together. The Home Help with a capacity for teaching housecraft, and who is also willing to work in the grim conditions prevailing in these households, is unfortunately a woman who is rarely to be found, but the value of such a person cannot be over-estimated.

From the long-term point of view the opening of Maristow House, Roborough, the new Special School for educationally sub-normal girls and junior boys, should prove of great value. One difficulty in this connection has already occurred several times. Unfortunately the parents of problem families are almost invariably of a low intelligence and at times are unable to appreciate the potential gain to their sons and daughters and therefore tend to refuse consent, feeling that the children are being "put away." It is impossible to persuade some of these parents to put the children's welfare first and the parents themselves see nothing unsatisfactory in their own mode of living. It is pleasing to record that in one such family, to which senior officers of the Health and Education Departments paid several visits of persuasion before consent was obtained, the parents are delighted with the change in their children in less than a term of special schooling. I am satisfied that the key to the eradication of the problem family lies in special educational facilities for a high proportion of children of the low intelligence groups, and at a sufficiently early age to produce the maximum benefit possible.

VENEREAL DISEASES

I give below figures in respect of Devon cases treated at the V.D. Clinics at Barnstaple, Exeter, Torquay and Plymouth under the jurisdiction of the South Western Regional Hospital Board:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
No. of in-patients admitted ..	19	9	28
No. of in-patients discharged ..	19	9	28
No. of new patients attending Out-patients Department ..	180	56	236
No. of patients discharged from Out-patients department ..	148	65	213
Total number of patients attend- ing Out-patients Department on 31st December, 1954 ..	324	128	452

EPILEPSY AND CEREBRAL PALSY

As I stated in my last year's Report, it is still extremely difficult to obtain any details of the incidence of Epilepsy and Cerebral Palsy in the County. However, in the records of the Mental Health Section of my Department are recorded 34 Spastics and 58 Epileptics and full details can be found in that Section of this Report.

The County Welfare Officer has advised me that there are, at present, 2 male and 12 female Epileptics and 2 males suffering from Cerebral Palsy in accommodation provided by the County Council in accordance with Part III of the National Assistance Act.

There are no special facilities available under the local health services for persons suffering from these handicaps, but my Occupational Therapists will do their best to assist any patients who wish to have Occupational Therapy.

WATER AND HOUSING, FOOD AND DRUGS, MILK

Rural Water Supplies and Sewerage Act, 1944.

The three Water Boards, the North Devon, the South Devon and the East Devon Water Boards, have all been very active during the year, and all have substantial schemes, either in course of construction or awaiting the consent of the Minister of Housing and Local Government. This progress is emphasised by the increasing amount of the precept which each Board makes on the County Council. Comparative figures are as follows:—

	1952/53	1953/54	1954/55	1955/56
North Devon Water Board	£53,500	£63,500	£68,500	£84,000
South Devon Water Board	£31,500	£49,925	£40,150	£50,000
East Devon Water Board	£9,850	£14,600	£24,000	£23,000

During the year, the following schemes were considered by the County Medical Department, and recommendations in each case were made to the appropriate Committee of the County Council:—

Water Supply Schemes.

<u>Local Authority</u>	<u>Parishes or Areas Affected</u>	<u>Estimated Cost £</u>
Newton Abbot R.D.	Chudleigh	1,000
Plympton R.D.	Houndall to Elburton Main	70,160
Plympton R.D.	Cott Hill	3,325
Plympton R.D.	Gnaton (Yealmpton)	1,625
Plympton R.D.	Wembury	1,350
Plympton R.D.	Yealmbridge, Elburton, Brixton, Shaugh Prior	7,700

<i>St. Thomas R.D.</i>	Ebford, Exton	..	..	..	29,100
<i>St. Thomas R.D.</i>	Ottertton	..	..	..	4,000
<i>St. Thomas R.D.</i>	Lympstone	..	..	..	2,500
<i>St. Thomas R.D.</i>	Woodbury	..	..	..	885
<i>St. Thomas R.D.</i>	Topsham	..	..	..	2,520
<i>St. Thomas R.D.</i>	Woodbury Salterton	..	..	..	6,500
<i>St. Thomas R.D.</i>	Revised East Regional Scheme	..	..	..	433,995
<i>Sidmouth U.D.</i>	Harcombe	..	..	..	600
<i>Tiverton R.D.</i>	Bradninch	..	..	..	1,047
<i>Tiverton R.D.</i>	Uffculme	..	..	..	477

Sewerage and Sewage Disposal Schemes.

<i>Barnstaple R.D.</i>	Crosslands Estate	..	..	..	5,897
<i>Barnstaple R.D.</i>	Hele Manor Estate	..	..	..	720
<i>Barnstaple R.D.</i>	Taw Valley	..	..	..	10,335
<i>Barnstaple R.D.</i>	Hele Manor Estate	..	..	..	18,020
<i>Bideford R.D.</i>	Monkleigh	..	..	..	10,161
<i>Bideford R.D.</i>	Saltrens	..	..	..	6,451
<i>Crediton U.D.</i>	New Sewage Disposal Works	..	..	..	52,200
<i>Honiton R.D.</i>	Branscombe	..	..	..	5,300
<i>Honiton R.D.</i>	Combe Raleigh	..	..	..	2,850
<i>Honiton R.D.</i>	Plymtree	..	..	..	7,400
<i>Ilfracombe U.D.</i>	Lee	..	..	..	20,630
<i>Kingsbridge R.D.</i>	Blackawton	..	..	..	554
<i>Kingsbridge R.D.</i>	Chillington	..	..	..	15,793
<i>Kingsbridge R.D.</i>	Beeson	..	..	..	3,840
<i>Kingsbridge R.D.</i>	South Milton	..	..	..	14,880
<i>Kingsbridge R.D.</i>	Kellaton	..	..	..	1,680
<i>Newton Abbot R.D.</i>	Ipplepen and Torbryan	..	..	..	35,200
<i>Okehampton R.D.</i>	Northlew	..	..	..	9,500
<i>Plympton R.D.</i>	Ermington	..	..	..	20,549
<i>Plympton R.D.</i>	Plympton	..	..	..	143,600
<i>Plympton R.D.</i>	Yealmpton	..	..	..	38,000
<i>St. Thomas R.D.</i>	Alphington	..	..	..	2,750
<i>St. Thomas R.D.</i>	Bridford	..	..	..	9,000
<i>St. Thomas R.D.</i>	Exminster	..	..	..	3,750
<i>St. Thomas R.D.</i>	Lympstone (Underhill)	..	..	..	3,095
<i>St. Thomas R.D.</i>	Lympstone (Sowden Lane)	..	..	..	1,592
<i>St. Thomas R.D.</i>	Otter Valley	..	..	..	95,000
<i>Tiverton R.D.</i>	Culmstock (revised scheme)	..	..	..	25,200

RURAL HOUSING SURVEY—PROGRESS REPORT.

Section 88 of the Housing Act, 1936 requires the County Council, as respects each rural district within the County, to have constant regard to:—

- (a) the housing conditions in the district;
- (b) the extent to which overcrowding or other unsatisfactory housing conditions exist, and
- (c) the sufficiency of the steps which the Council of the district have taken, or are proposing to take, to remedy those conditions and to provide further housing accommodation.

HOUSING ACT, 1936—SECTION 88

RURAL HOUSING SURVEY—PROGRESS REPORT TO 31st DECEMBER, 1954

Classifications:—I. Satisfactory. II. Repairs or Structural Alterations. III. Minor Defects. IV. Appropriate for Reconditioning. V. Unfit.

Total No. of Houses to be Surveyed	R.V. Limit of Houses within Survey	Total No. of Houses Surveyed to 31.12.54	Classification of Houses Surveyed—number and percentages					Over-crowded houses	Applications for new houses
			I.	II.	III.	IV.	V.		
35,553	£10—£22	24,459	5419 22%	8421 35%	6921 28%	1567 6%	2131 9%	163	4271

Improvement Grants—Housing Act, 1949

Applications dealt with by R.D.Cs.

Received	Approved	Rejected	Under consideration	
264	188	38	38	

It is apparent that there has been a major reassessment of properties included in earlier returns, and this is most marked in the category V. figures, which have fallen from 13% in 1953 to 9% in 1954.

MILK AND DAIRIES REGULATIONS, 1949

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

The County Council became responsible for the licencing of all Pasteurising Plants in the County on the 1st January, 1950, and a considerable amount of work has been done since that date in advising dairymen who are contemplating the installation of the necessary equipment for the pasteurisation of milk. At the end of 1954, sixteen licences were in force.

All licenced premises were regularly inspected by the County Sanitary Officer and samples of milk were submitted for laboratory examination at very frequent intervals.

Additional checks on the quality of processed milk were afforded by the routine sampling of milk delivered to schools in the County, as a very large proportion of school milk is pasteurised before delivery.

Visits of Inspection to Pasteurising Plants 510

Number of Samples Submitted.

<u>Examination.</u>		<u>Total</u>	<u>Passed</u>	<u>Failed</u>
Phosphatase Test ..	..	915	897	18
Methylene Blue Test ..	..	915	896	19
<i>Washing of Bottles submitted for bacteriological examination</i>		43	37	6
Visits to Schools and farms in connection with school milk supplies ..	..	..	..	1,327

Milk in Schools Scheme.

During the year the herds of producers supplying milk under this scheme have been examined quarterly and samples of milk submitted from any suspicious cows.

1,227 samples of milk have been taken from schools for cleanliness and, of these, 157 have failed to pass the Methylene Blue Test, which is a measure of the keeping quality of the milk.

Biological Sampling of Milk for the Presence of Tuberculosis.

1,028 samples were submitted to the Laboratory for examination in order to detect the presence of Tuberculosis; 12 samples showed the presence of Tuberculosis. Immediate action to trace the cow or

cows responsible was taken by the Divisional Veterinary Officer of the Animal Health Section, Ministry of Agriculture and Fisheries.

The Divisional Veterinary Officer's return to me shows that 5,959 cattle in ordinary herds were inspected during the period ended December 31st, 1954 and that 2 were confirmed as suffering from Tuberculosis of the udder.

INSPECTION AND SUPERVISION OF FOOD

Food and Drugs Act, 1938.

The County Sanitary Officer submits the following Report for 1954:—

During the year 2,726 formal and informal samples were taken by the Department's seven Sampling Officers under the Food and Drugs Act, 1938.

Of these 269 were formal milk samples and 775 were of a variety of commodities other than milk, such as ice cream, sausages, spirits, proprietary medicines and all food commodities on sale to the Public in a grocer's shop. All these samples were submitted to the Public Analyst.

The remaining 1,682 were milks submitted to the Gerber Test in the milk testing Laboratory at this Department. Of these, 67 were found to be deficient in either non-fatty milk solids or butter fat and, being formal samples, they were sent to the Public Analyst and are included in the 269 samples mentioned above.

Of the 1,044 samples reported on by the Public Analyst, 101 were declared to be either adulterated or giving rise to other irregularity. These samples are sub-divided as follows:—

Milk	73
Other Commodities	28

There were eleven prosecutions for the adulteration of milk and warnings were given in five other cases. In addition, there was one prosecution in respect of a sample of rum, which contained water, one for vinegar and three for "bread and butter" which was reported to be bread spread with a mixture of butter and margarine.

Fuller details of the prosecutions are set out hereunder:—

<i>Article</i>	<i>No. of Prosecutions</i>	<i>Amount of Fine and Costs.</i>
MILK ..	1	£2 2s. plus £4 4s.
MILK ..	1	£10 plus £21.
MILK ..	1	£3 3s. plus £4 4s.
MILK ..	1	£50 plus £2 2s. plus £13 13s.
MILK ..	1	£5 plus £5 5s.
MILK ..	1	£3 plus £5 5s.
MILK ..	1	£15 plus £10 10s.
MILK ..	1	£10 plus £6 6s.
MILK ..	1	£5 5s. plus £6 6s.
MILK ..	2	£15 plus £10 10s. and £25 plus £4 4s.
RUM ..	1	Discharge on payment of £1 1s.
VINEGAR ..	1	£2 plus £3 3s.
BREAD AND BUTTER	1	Absolute discharge on payment of £2 2s.
BREAD AND BUTTER	1	10s. plus £2 2s.
BREAD AND BUTTER	1	Conditional discharge on payment of £1 1s.

Specified Areas.

The Food and Drugs Act, 1950 gave the Minister of Food power to declare an area as being one in which only designated milks may be sold. He used these powers to specify an area including Plymouth, Plympton St. Mary R.D., Totnes R.D., approximately half the Newton Abbot R.D., the Boroughs of Torquay, Totnes and Dartmouth and the Urban Districts of Brixham, Ashburton, Buckfastleigh, Newton Abbot and Paignton. This was on December 2nd, 1953.

In October, 1954, a second area was specified and included the County Borough of Exeter, St. Thomas R.D., the remainder of the Newton Abbot R.D. and the Urban Districts of Teignmouth, Dawlish, Budleigh Salterton, Sidmouth and Ottery St. Mary.

On October 1st, 1954, the designation "Accredited" ceased to exist, so that the only milks which may now be sold by retail in these areas are Sterilised milk, Pasteurised milk and Tuberculin Tested milk.

We look forward to the day when the whole of Devon will be Specified and raw ungraded milk, with all its attendant potential dangers, may no longer be sold to the public.

TABLE VI.

TABLE VII.

TABLE VI.
CAUSES OF DEATH IN EACH DISTRICT DURING THE YEAR, 1954.

DISTRICTS	All Causes	Tuberculosis—Respiratory	Tuberculosis—Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningeal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and Lymphatic Neoplasms	Leukaemia, Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with Heart Disease	Other Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostrate	Pregnancy, Child Birth, Abortion	Congenital Malformations	Other Defined and Ill-Defined Diseases	Motor Vehicle Accidents	All Other Accidents	Suicide	Homicide and Operations of War	
URBAN. (Boroughs*)																																						
Ashburton	41	2	—	—	—	—	—	—	—	—	3	—	—	—	3	—	—	7	8	—	7	3	—	2	—	1	—	—	1	—	—	1	2	—	—	—	—	—
*Barnstaple	227	—	—	—	—	1	—	—	—	—	5	6	2	1	24	1	1	34	21	7	77	6	—	4	3	—	—	4	—	1	1	1	19	1	1	4	3	—
*Bideford	148	—	1	—	—	—	—	—	—	—	5	5	3	3	13	1	—	21	21	7	33	7	2	3	6	—	—	—	—	—	2	1	4	1	1	—	—	
Brixham	129	3	1	—	—	—	—	—	—	—	5	1	5	1	11	1	1	15	20	2	15	12	—	3	5	1	—	—	—	1	—	1	19	1	3	2	—	
Buckfastleigh ..	32	2	—	—	—	—	—	—	—	—	—	1	1	—	3	—	—	4	6	—	7	1	—	5	—	—	—	—	—	—	—	—	1	—	—	—	—	
Budleigh Salterton ..	84	—	—	1	—	—	—	—	—	—	1	4	1	2	9	1	1	17	8	2	14	3	1	—	7	1	—	1	2	1	—	—	5	—	1	1	—	
Crediton	52	—	—	—	—	—	—	—	—	—	4	—	1	—	7	—	—	4	7	1	13	—	—	4	4	—	—	1	—	—	1	—	3	—	2	—	—	
*Dartmouth	83	2	—	1	—	—	—	—	—	—	5	2	2	—	9	—	—	14	6	3	5	3	—	2	6	2	—	1	3	1	2	—	1	11	—	2	—	
Dawlish	92	1	2	—	—	—	—	—	—	1	2	5	—	—	6	—	—	12	15	3	21	2	—	1	3	—	—	—	—	1	1	2	10	—	1	—	—	
Exmouth	326	1	1	—	—	—	—	—	—	—	6	4	12	4	29	2	3	65	61	2	50	15	—	7	14	4	—	—	1	—	2	2	25	2	9	5	—	—
*Great Torrington ..	51	—	—	—	—	—	—	—	—	—	4	1	2	1	1	—	—	6	6	1	14	1	—	—	4	—	—	—	1	—	—	—	6	—	—	—	—	—
Holsworthy	29	—	—	—	—	—	—	—	—	—	—	2	1	—	1	—	—	6	3	1	5	1	—	1	2	—	—	—	—	—	—	—	3	3	—	—	—	—
*Honiton	45	1	—	—	—	—	—	—	—	—	1	2	—	1	4	—	—	6	7	—	7	2	—	—	—	4	1	1	—	—	1	—	3	1	1	—	—	—
Ilfracombe	143	1	1	—	—	—	—	—	—	—	6	3	5	1	6	2	—	27	23	2	43	5	—	1	3	2	3	—	—	2	2	—	—	3	—	1	1	—
Kingsbridge	38	1	—	—	—	—	—	—	—	—	2	—	—	—	6	—	—	4	1	1	7	2	—	5	2	—	—	1	—	2	—	—	2	—	2	—	—	—
Lynton	29	1	—	1	—	—	—	—	—	—	1	1	—	—	2	1	—	2	3	1	7	4	—	—	1	2	—	—	—	—	—	—	—	—	1	3	1	—
Newton Abbot	224	3	1	1	—	—	—	—	—	—	4	7	6	3	21	1	2	41	35	10	27	10	—	7	6	1	4	—	—	2	5	—	22	9	—	3	1	—
Northam	78	—	—	—	—	—	—	—	—	—	—	2	3	1	5	—	—	16	10	2	17	1	—	1	2	—	1	—	—	1	3	—	2	—	—	1	—	—
*Okehampton	47	—	—	—	—	—	—	—	—	—	1	3	2	—	5	—	—	2	10	—	12	—	—	1	—	1	—	1	—	—	—	3	3	—	2	1	—	—
Ottery St. Mary	55	—	—	—	—	—	—	—	—	1	3	3	4	—	5	—	—	12	9	1	4	1	—	—	1	2	1	1	—	—	—	—	6	—	1	—	—	—
Paignton	398	1	—	—	—	—	—	—	—	—	8	5	9	7	34	—	2	79	49	9	93	10	3	8	12	3	4	1	11	11	1	—	31	1	5	1	—	—
Salcombe	36	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	1	2	7	—	8	—	1	1	2	—	—	—	3	1	—	—	3	1	2	—	—	—
Seaton	66	—	—	—	—	—	—	—	—	—	2	—	—	2	6	—	—	8	10	1	27	1	—	1	2	—	—	1	—	—	—	—	3	1	—	1	—	—
Sidmouth	194	2	—	2	—	—	—	—	—	—	2	8	4	2	18	2	2	37	25	2	27	17	—	5	7	3	3	—	2	2	—	1	15	1	4	1	—	—
*South Molton	36	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	7	1	—	14	1	—	1	4	1	—	2	1	1	—	2	—	—	—	—	—	—
Tavistock	100	—	—	—	—	—	—	—	—	—	2	6	—	1	9	—	—	21	9	2	23	5	—	3	1	—	—	—	—	—	3	—	11	1	2	1	—	—
Teignmouth	172	1	—	—	—	—	—	—	—	—	3	4	5	—	17	2	—	28	18	6	39	7	2	5	4	—	2	1	5	—	—	2	14	—	5	2	—	—
*Tiverton	152	3	—	—	—	1	—	—	—	—	3	3	3	1	15	—	1	30	31	3	9	7	1	5	4	3	3	—	4	1	—	1	10	1	7	2	—	
*Torquay	819	13	2	2	—	—	—	—	—	1	22	24	17	3	79	3	1	134	108	24	147	53	2	21	24	7	11	5	8	12	—	3	71	1	13	8	—	—
*Totnes	80	1	—	—	—	—	—	—	—	—	2	1	3	1	8	—	1	11	6	—	19	4	—	2	3	1	—	1	—	—	3	9	1	2	—	—	—	—
TOTALS	4006	39	9	8	—	3	—	—	—	3	103	103	95	35	362	17	16	672	544	9 3	791	184	14	99	138	34	43	19	50	57	1	26	324	15	74	35	—	
RURAL.																																						
Axminster	169	1	—	—	—	—	—	—	—	—	1	3	3	1	15	2	1	34	19	5	24	7	2	7	9	4	4	—	3	3	—	—	15	1	2	2	1	—
Barnstaple	296	—	—	1	—	—	—	—	—	—	4	6	2	—	38	2	3	53	33	8	92	7	1	5	9	1	2	—	1	2	—	—	16	2	6	1	—	—
Bideford	46	—	—	—	—	—	—	1	—	—	3	—	—	—	5	—	—	8	9	1	4	2	—	2	1	—	—	—	—	—	—	5	2	—	—	—	—	—
Broadwoodwidge ..	14	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	1	2	—	4	—	—	—	2	—	—	—	—	—	—	2	—	—	—	—	—	—
Crediton	137	1	—	—	—	1	—	—	—	1	3	3	6	—	8	—	1	20	14	5	26	6	—	5	5	1	2	1	—	2	—	1	22	—	1	2	—	—
Holsworthy	62	—	—	—	—	—	—	—	—	—	3	—	2	1	8	1	—	8	9	3	10	—	—	3	3	—	2	—	1	—	—	4	—	1	1	1	—	—
Honiton	98	—	—	—	—	—	—	—	—	—	2	2	—	3	3	1	1	23	7	2	26	5	—	2	5	—	1	—	—	—	—	14	1	—	—	—	—	—
Kingsbridge	157	5	1	1	—	—	—	—	—	—	6	4	4	1	18	—	1	28	19	3	21	10	—	6	8	—	1	1	2	—	—	8	—	3	5	—	—	—
Newton Abbot	350	4	—	1	—	—	—	—	—	—	8	10	9	3	41	2	1	46	34	7	73	19	2	7	19	6	3	1	—	7	—	5	33	3	4	2	—	—
Okehampton	180	1	1	—	—	—	—	—	—	—	7	3	4	4	14	1	—	25	21	3	40	2	—	7	10	2	1	—	2	6	—	19	1	2	4	—	—	—
Plympton St. Mary ..	410	4	—	1	—	—	—	—	—	1	9	11	5	4	26	—	4	67	57	9	64	28	1	12	12	7	5	4	5	7	1	5	49	1	7	4	—	—
St. Thomas	497	4	—	2	—	—	—	—	—	—	13	10	8	3	45	1	4	67	43	8	119	28	—	38	16	7	6	1	5	3	1	3	44	5	11	2	—	—
South Molton	89	1	—	—	—	—	—	—	—	—	2	1	—	1	7	3	—	16	8	3	26	3	—	1	3	1	—	—	—	—	—	5	1	4	—	—	—	—
Tavistock	194	1	—	—	—	—	—	—	—	—	1	6	1	3	19	—	2	38	28	2	23	9	—	5	11	—	1	3	2	5	—	3	26	2	2	1	—	—
Tiverton	225	2	—	—	—	—	—	—	—	3	12	7	5	—	16	—	1	33	38	5	36	18	1	5	7	3	—	1	—	3								

TABLE VII.
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE
COUNTY OF DEVON, 1954.

CAUSES OF DEATH.	SEX	AGGREGATE OF URBAN DISTRICTS									AGGERGATE OF RURAL DISTRICTS								
		All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M. F.	1893 2113	52 35	8 7	9 8	9 10	54 51	410 323	537 516	814 1163	1628 1600	49 34	6 3	8 9	16 6	49 42	365 273	454 402	681 831
1 Tuberculosis— Respiratory	M. F.	20 19	— —	— —	— —	— 1	3 6	9 7	4 2	4 3	17 9	— —	— —	— —	— —	2 5	9 3	4 1	2 —
2 Tuberculosis— Other	M. F.	3 6	— —	1 1	— 1	— 2	— 1	2 —	— —	— 1	2 1	— —	— —	1 —	— 1	— —	— —	1 —	— —
3 Syphilitic Disease	M. F.	4 4	— —	— —	— —	— —	— —	1 1	2 —	1 3	4 4	— —	— —	— —	— —	— —	2 —	1 3	1 1
4 Diphtheria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
5 Whooping Cough	M. F.	1 2	1 2	— —	— —	— —	— —	— —	— —	— —	— 1	— —	— —	— —	— —	— —	— —	— —	— 1
6 Meningococcal Infections	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
7 Acute Poliomyelitis	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1	— —	— —	— —	— —	— —	1 —	— —	— —
8 Measles	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
9 Other Infective and Parasitic Diseases	M. F.	1 2	— —	— 1	— —	— —	— —	1 1	— —	— —	3 2	— —	— —	1 —	1 —	— 1	— 1	— —	1 —
10 Malignant Neoplasm Stomach	M. F.	52 51	— —	— —	— —	— —	1 1	10 11	22 17	19 22	45 32	— —	— —	— —	— —	— —	16 6	16 13	13 13
11 Malignant Neoplasm Lung, Bronchus	M. F.	80 23	— —	— —	— —	— —	— 1	46 6	26 12	8 4	51 21	— —	— —	— —	— —	— —	32 11	11 8	8 2
12 Malignant Neoplasm Breast	M. F.	1 94	— —	— —	— —	— —	— 7	— 27	— 28	1 32	2 54	— —	— —	— —	— —	— 3	1 22	— 13	1 16
13 Malignant Neoplasm, Uterus	M. F.	— 35	— —	— —	— —	— —	— 1	— 16	— 8	— 10	— 22	— —	— —	— —	— —	— 3	— 8	— 8	— 3
14 Other Malignant and Lymphatic Neoplasms	M. F.	182 180	1 —	— 1	2 —	2 —	7 4	44 50	62 58	64 67	145 148	— —	— —	1 —	1 2	2 8	48 43	46 48	47 47
15 Leukaemia, Aleukaemia	M. F.	6 11	1 —	— —	— —	— 1	2 —	— 4	2 4	1 2	9 4	— —	1 —	— 1	— —	2 2	3 1	1 —	1 —
16 Diabetes	M. F.	4 12	— —	— —	— —	— —	— —	— 2	— 6	4 4	14 10	— —	— —	— —	— —	2 —	1 2	7 4	4 4
17 Vascular Lesions of Nervous System	M. F.	275 397	— —	— —	— —	— —	4 5	55 44	84 93	132 255	195 310	— —	— —	— —	— —	2 1	37 51	59 84	97 174
18 Coronary Disease, Angina	M. F.	324 220	— —	— —	— —	— —	5 —	82 27	123 81	114 112	253 119	— —	— —	— —	— —	2 —	83 19	88 39	80 61
19 Hypertension with Heart Disease	M. F.	42 51	— —	— —	— —	— —	— —	6 12	14 15	22 24	31 39	— —	— —	— —	— —	1 —	5 9	14 12	11 18
20 Other Heart Disease	M. F.	321 470	— —	— —	— —	1 —	3 5	37 25	74 90	206 350	287 384	— —	— —	— —	1 —	3 1	27 16	60 64	196 303
21 Other Circulatory Disease	M. F.	86 98	— —	— —	— —	— —	1 4	13 13	28 20	44 61	75 86	— —	— —	— —	— —	2 1	12 15	24 21	37 49
22 Influenza	M. F.	6 8	— —	2 —	— —	— —	— —	1 —	— 2	3 6	3 6	— —	— —	— —	— —	— 1	— —	1 1	2 4
23 Pneumonia	M. F.	49 50	8 5	— 1	— —	— —	3 1	9 5	4 12	25 26	73 46	12 4	— —	1 —	— —	1 3	15 7	16 13	28 19
24 Bronchitis	M. F.	89 49	2 1	— —	— —	— —	— —	22 6	29 14	36 28	84 41	1 1	— —	— —	— —	— —	16 4	27 7	40 29
25 Other Diseases of Respiratory System	M. F.	22 12	— —	2 —	— —	1 1	1 —	10 —	7 3	1 8	21 14	2 —	— —	— —	— —	1 —	4 3	9 1	5 10
26 Ulcer of Stomach and Duodenum	M. F.	29 14	— —	— —	— —	— —	1 —	7 —	6 4	15 10	18 11	— —	— —	— —	1 —	1 —	6 4	4 4	6 3
27 Gastritis, Enteritis and Diarrhoea	M. F.	10 9	1 4	1 1	1 —	— —	1 —	2 1	1 —	3 3	7 7	— —	— —	1 —	— —	— —	— 3	2 3	4 1
28 Nephritis and Nephrosis	M. F.	25 25	— —	— —	1 —	— 1	3 —	9 6	4 7	8 11	13 11	— —	— —	— —	— —	2 —	3 3	4 5	4 3
29 Hyperplasia of Prostrate	M. F.	57 —	— —	— —	— —	— —	— —	4 —	17 —	36 —	45 —	— —	— —	— —	— —	— —	1 —	10 —	34 —
30 Pregnancy, Child Birth, Abortion	F. —	1 —	— —	— —	— —	— —	1 —	— —	— —	— —	3 —	— —	— —	— —	— —	3 —	— —	— —	— —
31 Congenital Malforma- tions	M. F.	16 10	8 7	— —	1 1	1 —	2 1	3 —	— —	1 1	8 16	4 10	3 —	— 1	— 1	1 —	— 2	— 2	— —
32 Other Defined and Ill- Defined Diseases	M. F.	129 195	28 15	1 1	2 4	— 3	3 11	24 41	18 34	53 86	151 154	28 19	— 2	1 3	3 2	11 7	25 28	37 34	46 59
33 Motor Vehicle Accidents	M. F.	9 6	— —	— 1	— —	2 1	3 —	1 2	1 1	2 1	15 9	— —	1 1	1 3	6 —	2 —	2 2	— 3	3 —
34 All Other Accidents	M. F.	32 42	2 1	1 —	2 2	2 —	6 —	5 6	5 3	9 30	30 27	2 —	1 —	1 1	2 —	5 1	7 5	3 9	9 11
35 Suicide	M. F.	18 17	— —	— —	— —	— —	5 2	7 10	4 2	2 3	26 8	— —	— —	— —	— —	6 2	10 4	9 2	1 —
36 Homicide and Opera- tions of War	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	— —	— —	1 —	— —	— —	— —

